

VOLUNTEER GROUP CONTACT FORM



GROUP NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

HOME TELEPHONE: _____

MOBILE TELEPHONE: _____

E-MAIL: _____

APPROXIMATE NUMBER OF VOLUNTEERS: _____

IS YOUR GROUP AVAILABLE TO WORK REFRESHMENTS DURING THE WEEKENDS OF AUGUST AND SEPTEMBER, BEFORE THE START OF FRIGHT NIGHTS? _____

PREFERENCE: HAUNTS FOOD & BEVERAGE

Please check one

WE WILL ATTEMPT TO ACCOMMODATE YOUR PREFERENCE, BUT STAFFING ISSUES MAY NOT MAKE IT POSSIBLE.

AVAILABILITY:

Friday, October 4th

Saturday, October 5th

Friday, October 11th

Saturday, October 12th

Friday, October 18th

Saturday, October 19th

Friday, October 25th

Saturday, October 26th

Please check

Yes No Maybe

Yes No Maybe

Yes No Maybe

Yes No Maybe

Yes No Maybe

Yes No Maybe

Yes No Maybe

Yes No Maybe

REPORT TIME WILL BE APPROXIMATELY 5:30 PM.

WE WILL CONTACT YOU IF YOUR GROUP IS SELECTED TO PARTICIPATE. THIS IS NOT AN AGREEMENT OR PROMISE THAT YOUR GROUP WILL BE SELECTED.