



Family Fest 2009 Volunteer Registration



Name _____

(PLEASE PRINT CLEARLY)

Address _____

Phone (Home) _____ (Work) _____

E-mail addresses: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

PLEASE INDICATE THE DATES AND TIMES YOU ARE AVAILABLE, AND AREA(S) OF
INTEREST ON THE FOLLOWING CHART:

I want to work _____ shift(s) indicated.

Information Tent				
Shifts	Thursday June 25	Friday June 26	Saturday June 27	Sunday June 28
12:30 p.m. - 2:30 p.m.	-----	-----		
2:30 p.m. - 4:30 p.m.	-----	-----		
4:30 p.m. - 6:30 p.m.				
6:30 p.m. - 8:30 p.m.				
8:30 p.m. - 10:30 p.m.				

**Please print this form and return it to:
Family Fest Committee
201 S. Bloomingdale Road
Bloomingdale, IL 60108**