



Gus Macker OLEAN • NY

Volunteer Sign-Up Sheet

Name: _____

Address: _____

City, State, Zip: _____ Age: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

DAY/HOUR PREFERENCE: (check below)

THURSDAY, August 19___ .. FRIDAY, August 20___ .. SATURDAY, August 21___ .. SUNDAY, August 22___
MORNING (8 - 11 AM) _____ MID DAY (11 AM - 3 PM) _____ LATE AFTERNOON (3 - 6 PM) _____

Name of Person/Group you would like work with: _____

VOLUNTEER AREA PREFERENCE: (check below)

Hospitality Tent ___ •• Registration ___ •• Scorekeepers ___ •• Tear-Down/Set-Up ___ •• Drink Concession Stand ___ •• Wherever Needed ___

Volunteer Signature: _____

Parent Signature: _____

(Parent signature if volunteer is under 18 years old)

Gus Macker OLEAN • NY

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