



October 16 & 17, 2010
Volunteer Application

Please Print or Type:

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Age (circle one) Under 18 18-35 35-Over **T-Shirt Size** (circle one) S M L XL

Have you volunteered for a chamber event before? Yes No

If yes, which event _____ Event Year _____

PLEASE CHECK PREFERRED ACTIVITIES (minimum 2 hour shifts)

Friday, October 15:

Pre-Festival Set-up _____ Artist Check-in _____

Saturday, October 16:

Booth Sitter _____ Beer/Wine Sales _____ Children's Art Workshop _____ T-Shirt Sales _____

Festival Greeter/Viewer _____ Artist Party (Set up/Clean up) _____ Festival Assistant _____

Sunday October 17:

Booth Sitter _____ Beer/Wine Sales _____ Children's Art Workshop _____ T-Shirt Sales _____

Festival Greeter/Viewer _____ Festival Assistant _____ Post-show Breakdown _____

Return to: **Volunteer Chair, Winter Springs Festival of the Arts**

