

Volunteer Registration Form



Name: _____

Email: _____

Phone # (s): _____

Address: _____

Sex: M F

Age: (must be at least 14)

Volunteer Limitations: (list any allergies - straw, hay, animals or physical limitations)

Please X the box of the times you are able to volunteer or list times available in other box

Put me anytime - I'm happy to help. (max hrs. _____)

Thurs. 9/8	Fri. 9/9	Sat. 9/10	Sun. 9/11
		<input type="checkbox"/> 6:00am-10:00am	
		<input type="checkbox"/> 9:00am-1:00pm	<input type="checkbox"/> 9:00am-Noon
		<input type="checkbox"/> 12:45pm-4:45pm	<input type="checkbox"/> 11:45am-3:00pm
<input type="checkbox"/> 4:30pm-8:00pm	<input type="checkbox"/> 4:30pm-8:30pm	<input type="checkbox"/> 4:30pm-8:30pm	<input type="checkbox"/> 2:45pm-6:00pm
<input type="checkbox"/> 7:45pm-11:00pm	<input type="checkbox"/> 8:15pm-Midnight	<input type="checkbox"/> 8:15pm-Midnight	
_____Other	_____Other	_____Other	_____Other

I am interested in shifts on pre-fair and post-fair days.

Volunteers are needed from Tuesday Sept. 6th - Monday Sept. 12th

If you'd like to highlight your business or organization at your volunteer station, please print the name below so we can make a sign to display.

Business/Organization Name: _____

I am interested in more volunteer opportunities. Please contact me for future events.

Please return this form to PO Box 486; South Windsor, CT 06074 by September 2nd.
 Visit the fair website, www.wappingfair.org, for volunteer incentives and entertainment schedule.
 E-mail friendsofthefair@aol.com with questions.