



2011 Volunteer Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Do you text? Yes ___ No ___

Email address: _____

List any physical limitations or special needs: _____

Circle shirt size: S M L XL XXL XXXL

Please select your preferred volunteer area:

Ticket Sales _____

Blues Buck Sales _____

Beer Sales _____ (must be 21)

Information Tent _____

Kidz Zone _____

Date and Time Preference: _____

of days/shifts you'd like to work _____

Please schedule with me: _____

Contact:

Chamber of Commerce

P. O. Box 447

Helena, AR 72342

Fax: 870.338.8882

Email: l.polk@phillipscounty-chamber.org

