

**SHRIMPOREE SATURDAY OCT 16
PLEASE PRINT ALL INFO**

NAME (first, last) _____

CELL# _____

HOME# _____

SCHOOL _____ GRADE _____

ORGANIZATION _____

MALE FEMALE (circle one)

We need volunteer help from 9am to 5pm at the Clear Lake Park Landolt Pavilion in 2 hour shifts. **Check in at the VOLUNTEER table at the front gate ON SATURDAY OCT 16.**

Please check any boxes that you will work

9--11	11--1	1--3	3--5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN THIS FORM TODAY

**SHRIMPOREE SATURDAY OCT 16
PLEASE PRINT ALL INFO**

NAME (first, last) _____

CELL# _____

HOME# _____

SCHOOL _____ GRADE _____

ORGANIZATION _____

MALE FEMALE (circle one)

We need volunteer help from 9am to 5pm at the Clear Lake Park Landolt Pavilion in 2 hour shifts. **Check in at the VOLUNTEER table at the front gate ON SATURDAY OCT 16.**

Please check any boxes that you will work

9--11	11--1	1--3	3--5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN THIS FORM TODAY

**SHRIMPOREE SATURDAY OCT 16
PLEASE PRINT ALL INFO**

NAME (first, last) _____

CELL# _____

HOME# _____

SCHOOL _____ GRADE _____

ORGANIZATION _____

MALE FEMALE (circle one)

We need volunteer help from 9am to 5pm at the Clear Lake Park Landolt Pavilion in 2 hour shifts. **Check in at the VOLUNTEER table at the front gate ON SATURDAY OCT 16.**

Please check any boxes that you will work

9--11	11--1	1--3	3--5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN THIS FORM TODAY

**SHRIMPOREE SATURDAY OCT 16
PLEASE PRINT ALL INFO**

NAME (first, last) _____

CELL# _____

HOME# _____

SCHOOL _____ GRADE _____

ORGANIZATION _____

MALE FEMALE (circle one)

We need volunteer help from 9am to 5pm at the Clear Lake Park Landolt Pavilion in 2 hour shifts. **Check in at the VOLUNTEER table at the front gate ON SATURDAY OCT 16.**

Please check any boxes that you will work

9--11	11--1	1--3	3--5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE RETURN THIS FORM TODAY