



Volunteer Parking Form - June 24, 25 and 26, 2011

Organization Name: _____

Address donation should be sent to: _____

Volunteer Name: _____

Volunteer Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Please circle the shift you wish to work. You may volunteer for more than one shift. Also designate a second choice, if possible. Volunteers must report 15 minutes before start of shift. Thank you.

Friday, June 24

4 - 9 p.m.

Saturday, June 25

10 a.m. - 2 p.m.

2 - 5 p.m.

5 - 9 p.m.

Sunday, June 26

10 a.m. - 2 p.m.

2 - 5 p.m.

5 - 9 p.m.

Age of Volunteer: (circle one) 16-17 18-30 31-55 56+

Have you been a balloonfest parking volunteer before, If so, what gate color did you work at and what were your duties? _____

The majority of shifts require standing. **Limited sit down positions are available. Please indicate if you need a sit down position. Yes ___ No ___**

Thank you for your donation of time to the Michigan Challenge Balloonfest. Your participation is appreciated. The Howell Area Chamber of Commerce Michigan Challenge Committee will donate \$7 per hour to your chosen organization.

You will receive a map, a confirmation of your check-in time and assigned gate prior to the event. You must check in with your gate captain when you arrive to ensure proper payment. One donation check will be made out to each organization and mailed to the address above.

Please return this form to the Howell Area Chamber of Commerce, 123 E. Washington, Howell MI 48843. Questions? Contact Susan Lundin at slundin@howell.org or 517.546.3920.