



Volunteer Sign-up

Name: _____

Address: _____

Phone Number (best number to reach you): _____

Email Address: _____

Ambassadors

Date:	Shift:	Need:	Choice:		
			1st	2nd	3rd
Fri 9/24	4:45pm-8:30pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8:15pm-11:30pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 9/25	11:15am-3pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2:45pm-6pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:45pm-9pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 9/26	11:15am-3pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2:45pm-6pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:45pm-9pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Banding Stations

Date:	Shift	Need:	Choice:		
			1st	2nd	3rd
Fri 9/24	4:45pm-8:30pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8:15pm-11:30pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 9/25	11:45am-3pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2:45pm-6pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:45pm-9pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 9/26	8:45pm-11:30pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:45am-3pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2:45pm-7:30pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Check-In

Date:	Shift:	Need:	Choice:		
			1st	2nd	3rd
Fri 9/24	4pm-8:30pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 9/25	10am-2pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1:45pm-6pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:45pm-8:30pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10am-2pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 9/26	1:45pm-6:30pm	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ticket Sales

Date:	Shift:	Need:	Choice:		
			1st	2nd	3rd
Fri 9/24	2pm-6pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4:30pm-8:30pm	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 9/25	8:15pm-midnight	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10am-2pm	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:30am-4pm	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:45pm-7pm	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6:45pm-9:30pm	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 9/26	8:45pm-midnight	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10am-2pm	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:30am-4pm	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entertainment

Date:	Shift:	Need:	Choice:		
			1st	2nd	3rd
Fri 9/24	4:30pm-6:30pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6:30pm-9:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00pm-11:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat 9/25	2:00pm-5:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:00pm-8:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8:00pm-11:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun 9/26	Noon-2:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2:00pm-5:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:00pm-8:00pm	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please submit by September 10, 2010

Forms may be faxed to: 614-444-1446

or mailed to:

Columbus Oktoberfest

240 E. Kossuth St.

Columbus OH 43206