



Volunteer Parking Form - June 26, 27 and 28, 2009

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 one-half hour before start of shift. Thank you.

Friday, June 26

12 - 4 p.m.

4 - 9 p.m.

Saturday, June 27

6 - 10 a.m.

10 a.m. - 2 p.m.

2 - 5 p.m.

5 - 9 p.m.

Sunday, June 28

6 - 10 a.m.

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+ Male _____ Female _____

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

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

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.

Parking sponsored by Art Van and Michigan Remodeling Group