

## Twilight Market 2016 - Volunteer Contact Form

Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Children/s year level and class: \_\_\_\_\_

**Please tick your preference/s below.**

- ☐ I would like to be involved in planning and preparation for a stall or activity.
- ☐ I would like to be involved in collecting and delivery equipment for the event.
- ☐ I would like to be involved in set up on Friday, 25<sup>th</sup> of November.
- ☐ I would like be involved at a stall or activity on the day.

Other: \_\_\_\_\_

\_\_\_\_\_