# VOLUNTEER REGISTRATION FORM

Event date: June 27, 2015

Choose a park: ☐ Old Trace/Madison ☐ Lakeshore/Rankin

Name: _____

Address/Agency/Organization: _____

Phone Number: _____

Email: _____

Listed below are possible shifts, please choose the shift(s) you prefer:

☐ 3:30 – 6:30
☐ 6:30 – 9:30

***We do ask that volunteers be age sixteen or over.***

**Return form to: apope@therez.ms or fax: 601-856-6639**