



Volunteer Registration Form

Name

Address

City _____ State _____ ZipCode _____

Phone

_____ Fax _____

Email

Volunteers' referral (name & email address):

I/we would like to work:

- Event shift (5:00pm - 9:00pm)
- Event shift (9:00pm - 12 midnight)
- I would like to work multiple shifts
- No preference, please assign me as needed

You will be offered free entry to the event.

A [Volunteer Orientation Session](#) will be taking place over the phone a week prior to the event. Please let us know when is the best time to reach you: _____

Please note: all volunteers must be over 21 and bring government-issued ID to the event.

Please complete this form and send it back to us via email to:
info@passionsproductions.com

For more information, please call 323-656-6083