

St. Mark's Volunteer Halloween Sign Up Form

Last Name: _____

First Name: _____

Email Address: _____

Phone Number: _____

Please check or initial how you would like to volunteer!

<input type="checkbox"/>	Help with set up.
<input type="checkbox"/>	Donate money.
<input type="checkbox"/>	Sponsor, sit and design theme for indoor table. Bring your own table covers and decorations, please.
<input type="checkbox"/>	Donate candy.
<input type="checkbox"/>	Help serve drinks/food.
<input type="checkbox"/>	Wear a costume, greet, and hand out flyers.
<input type="checkbox"/>	Help with clean up.

