LOWER CLARENCE MUSIC EISTEDDFOD 2024 **VOLUNTEERS INFORMATION FORM**

After completing this form, would you please attach it to an email and send it back to Joy de Roos: joyderoos@yahoo.com.au : OR post to: PO Box 352, Maclean 2463

I would like to volunteer	to assist:		
VOLUNTEERS NAME: _		Yes / no	
CONTACT DETAILS: F	Phone No's:		
Email address:			
Requested task/s:	Please tick the	relevant tasks you would be inte	erested in:
Registration desk	Scribe	Competitor's Marshall	
Entry Desk	Raffle Desk	Canteen	
Compere	Baking	Writing Certificates	
Day/s, Date/s and So Day		e: Session (am / pm)	
Saturday	15/6/24		
Sunday	16/6/24		
Monday	17/6/24		
Tuesday	18/6/24		
Wednesday	19/6/24		
Thursday	20/6/24		
Friday	21/6/24		
Saturday	22/6/24		
Working with Children C	Check Number:	Date of Birth:	
Office Use only: Date re	ceived:	Signed:	