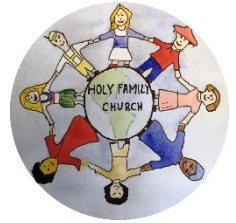




HOLY FAMILY CATHOLIC CHURCH FALL FESTIVAL VOLUNTEER FORM



NAME: _____ EMAIL: _____

PHONE (H): _____ PHONE (C): _____

ADDRESS: _____
STREET CITY STATE ZIP

PLEASE CHECK AREAS OF INTEREST:

☐ BOOTH/GAME COORDINATOR

☐ SECURITY

☐ CLEAN-UP

☐ SET-UP/BREAK-DOWN

☐ OTHER (PLEASE DESCRIBE): _____

****PLEASE NOTE: FALL FESTIVAL WILL BE ON OCTOBER 5-6, 2019**

ONCE COMPLETED, PLEASE RETURN THIS FORM TO THE PARISH OFFICE AND/OR SUBMIT
VIA EMAIL AT FESTIVAL@ONEHOLYFAMILYORG