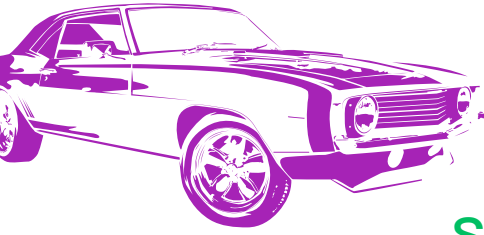


RAISE UP YOUR HOOD FOR AWARENESS SHOW & SHINE



Student Volunteer Form

Full Name :

Address :

Phone Number :

E-Mail :

School Name:

Grade:

Please indicate your Preferred Timing:

9:00 AM to 1:00 PM

1:00 PM to 6:00 PM

9:00 AM to 6:00 PM

Please indicate your Preferred Position:

Set Up

Registration

Car Director

Tear Down

Note: Preferred timing and positions will be on a first come first serve basis.

Signature:

Date:

Emergency Contact Name:

Emergency Contact
Phone Number:

Email completed form to sbada@epilepsyork.org or
fax to [905-640-0038](tel:905-640-0038) by [Thursday, August 10th.](#)