



Volunteer Registration Form

Name

Address

City _____ State _____ ZipCode _____

Phone

_____ Fax _____

Email

Volunteers' referral (name & email address):

I/we would like to work:

- Set-up shift (3:00pm– 7:00pm)
- Event shift (6:00pm - 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, plus an additional ticket for family or friend.

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 the attention of Clement Hua clement.hua@gmail.com with cc to info@passionsproductions.com / tel: 323-229-2072 or 323-656-6083 or fax 323-656-6484