



Event Organizer's Name \_\_\_\_\_

Local Court \_\_\_\_\_

State \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Sign-in

**Please print clearly.** *If you are under 18 years of age, please provide your parent or guardian's phone and email address.*

|         |                               |       |       |
|---------|-------------------------------|-------|-------|
| Member: | Yes <input type="checkbox"/>  | Name  | Phone |
|         | No <input type="checkbox"/>   |       |       |
| Age:    | 18+ <input type="checkbox"/>  | Email |       |
|         | 0-17 <input type="checkbox"/> |       |       |
| Member: | Yes <input type="checkbox"/>  | Name  | Phone |
|         | No <input type="checkbox"/>   |       |       |
| Age:    | 18+ <input type="checkbox"/>  | Email |       |
|         | 0-17 <input type="checkbox"/> |       |       |
| Member: | Yes <input type="checkbox"/>  | Name  | Phone |
|         | No <input type="checkbox"/>   |       |       |
| Age:    | 18+ <input type="checkbox"/>  | Email |       |
|         | 0-17 <input type="checkbox"/> |       |       |
| Member: | Yes <input type="checkbox"/>  | Name  | Phone |
|         | No <input type="checkbox"/>   |       |       |
| Age:    | 18+ <input type="checkbox"/>  | Email |       |
|         | 0-17 <input type="checkbox"/> |       |       |
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|         | No <input type="checkbox"/>   |       |       |
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|         | 0-17 <input type="checkbox"/> |       |       |
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| Member: | Yes <input type="checkbox"/>  | Name  | Phone |
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| Age:    | 18+ <input type="checkbox"/>  | Email |       |
|         | 0-17 <input type="checkbox"/> |       |       |

