



Volunteers Needed!

Parents can join in the fun and help support this great program by providing assistance during the week of the residency. Please check the days you are available and times and return this form along with the registration.

Name: _____ Child's Name: _____

Phone: _____ Cell: _____

Email: _____

Address: _____

- | | | | |
|---|-----------|----------|------------------|
| <input type="checkbox"/> | Sunday | October | 4 th |
| (*NO SESSION ON OCT. 11 th) | | | |
| <input type="checkbox"/> | Sunday | October | 18 th |
| <input type="checkbox"/> | Sunday | October | 25 th |
| <input type="checkbox"/> | Sunday | November | 1 st |
| <input type="checkbox"/> | Sunday | November | 8 th |
| <input type="checkbox"/> | Sunday | November | 15 th |
| <input type="checkbox"/> | Sunday | November | 22 nd |
| <input type="checkbox"/> | Sunday | December | 6 th |
| <input type="checkbox"/> | Sunday | December | 27 th |
| <input type="checkbox"/> | Monday | December | 28 th |
| <input type="checkbox"/> | Tuesday | December | 29 th |
| <input type="checkbox"/> | Wednesday | December | 30 th |
| <input type="checkbox"/> | Thursday | December | 31 st |

Thank you!