Volunteer Form

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|  | Capital City Golf Association |

### Volunteer Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

### Volunteer Schedule

 Registration

 (7:00 a.m. – 9:00 a.m.)

 Hole Monitoring

 (8:30 a.m. – 3:00 p.m.)

 Awards Banquet

 (2:00 p.m. – 4:00 p.m. )

|  |  |  |
| --- | --- | --- |
| Signature(s) |  | Date |
|  |  |  |

Please email completed form to **dexter\_howard@hotmail.com**