

# BCAA VOLUNTEER COMMITTEE

## Sign-Up Form



Volunteer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_  
Phone (Business) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Sense of Style Committee<br>Interest _____   | <input type="checkbox"/> Publicity and Media Committee<br>Interest _____        |
| <input type="checkbox"/> Education Committee<br>Interest _____        | <input type="checkbox"/> Volunteer Committee<br>Interest _____                  |
| <input type="checkbox"/> Brochure Committee<br>Interest _____         | <input type="checkbox"/> Decorations & Attendee Bag Committee<br>Interest _____ |
| <input type="checkbox"/> Resource Center Committee<br>Interest _____  | <input type="checkbox"/> Scholarship Committee<br>Interest _____                |
| <input type="checkbox"/> Raffle & Auction Committee<br>Interest _____ | <input type="checkbox"/> Program Book & Webpage Committee<br>Interest _____     |
| <input type="checkbox"/> Signage Committee<br>Interest _____          | <input type="checkbox"/> Gift Center Committee<br>Interest _____                |
| <input type="checkbox"/> Fundraiser Committee<br>Interest _____       |   |

### Sponsorship Acquirement

Company \_\_\_\_\_  
Contact \_\_\_\_\_

- I would like a package to submit to a company
- I could assist in setting up a meeting for someone to make a presentation

### Authorization

- You have my permission to list my name as a volunteer in conjunction with the event.
- I prefer you leave my name off any publicity regarding the event.

Are you a survivor? \_\_\_\_\_ Indicate number of years since diagnosis: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit to: The Event Group, Inc.*  
8421 Wayzata Blvd., Suite 250 Minneapolis, MN 55426  
(763) 548-1306 (763) 593-9220 Fax  
Kathy.Capitola@eventshows.com

**THANK YOU SO VERY MUCH FOR YOUR SUPPORT!**