



Project # _____
Team # _____

# Day of Caring

## Saturday September 26, 2009

# VOLUNTEER TEAM REGISTRATION FORM

TEAM NAME \_\_\_\_\_

TEAM LEADER NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

BUSINESS/ORGANIZATION NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE (TO BE USED ONLY ON SEPT 26TH) \_\_\_\_\_

### 1) RECRUIT YOUR VOLUNTEERS

Volunteer Name	Daytime Phone	Email Address	Release/Consent Form Signed	T-Shirt Size
1				
2				
3				
4				
5				
6				

RETURN THIS FORM TO UNITED WAY BY SEPT 16, 2009.

Volunteer Name	Daytime Phone	Email Address	Release/Consent Form Signed	T-Shirt Size
7				
8				
9				
10				
11				
12				
13				
14				

2) HOW MANY HOURS WOULD YOUR TEAM LIKE TO VOLUNTEER?    0-2        2-4        4-6        6+

3) WOULD YOU LIKE TO WORK AS ONE TEAM OR CAN YOUR TEAM BE SPLIT INTO SMALLER GROUPS TO COMPLETE MORE PROJECTS?

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4) CALCULATE YOUR T-SHIRT ORDER AND RETURN THIS FORM TO UNITED WAY BY SEPT 16, 2009.

SIZE	S	M	L	XL	XXL	XXXL
# of t-shirts						

5) UNITED WAY OF MOWER COUNTY, 301 NORTH MAIN STREET, PO BOX 605, AUSTIN, MN 55912  
 437-2313 OR FAX 437-7392. EMAIL [unitedmr@smig.net](mailto:unitedmr@smig.net) WITH ANY QUESTIONS?