



Project #	_____
Team #	_____

Day of Caring

Saturday September 26, 2009

PROJECT REGISTRATION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO UNITED WAY NO LATER THAN SEPTEMBER 11TH

Name _____

Project Address _____

Phone _____ Email _____

Contact Name & Number (if different) _____

Cell Phone (To Be Used On Sept 26th Only) _____

Business/organization Name _____

Contact Name _____

Project Address _____

Phone _____ Email _____

Cell Phone (To Be Used Only On Sept 26th) _____

PLEASE DESCRIBE THE DETAILS OF THE PROJECT YOU WOULD LIKE COMPLETED:

LIST MATERIALS THAT YOU AND/OR YOUR AGENCY WILL PROVIDE TO COMPLETE THE PROJECT:

PLEASE NOTE: A representative from the agency or residence **must be present** while work is being completed. Volunteers **are not allowed** to enter any private residence without permission or to go on any roof, for safety and liability reasons.