

CINCO *de* MAYO!

Organization Volunteer Registration Form

A. Contact Information:

Organization Name: _____ Contact Name: _____

Organization Address: _____
Street City State Zip Code

Phone: (____)____-____ Cell Phone: (____)____-____ E-mail: _____

B. Volunteer Options:

FRIDAY, May 8

____ Festival Set-Up and Assistance: 7:00 AM - Midnight (Specify time: _____)

SATURDAY, MAY 9 (Please specify how long you are available)

____ Festival Assistance 7:00 AM - Midnight (Specify time: _____)

____ Parade Assistance 7:00 AM - 2:00 PM (Specify time: _____)

SUNDAY, MAY 10 (Please specify how long you are available)

____ Festival Assistance 8:30 AM - 10:00 PM (Specify time: _____)

Other dates for volunteer opportunities:

Miss Fashion Show: 3/15/20

Miss Semi-Final: 5/3/20

Vivir Banquet: 4/24/20

C. Volunteer Incentives:

4 Hour Shift:

Weekend Entrance Fee

CDM T-Shirt

1 Ride Ticket to Carnival -OR- 1 Drink Ticket

8 Hour Shift:

Weekend Entrance Fee

CDM T-Shirt

CHOOSE EITHER:

A. \$10 Food Voucher, 2 Ride Tickets to Carnival -OR- 2 Drink Tickets

B. All Day Ride Pass to Carnival

