

Michigan + Bay Area Renaissance Festival

VOLUNTEER ORGANIZATION APPLICATION

PLEASE PRINT

Organization Name: _____

Address: _____ Tax ID # _____

City: _____ State: _____ Zip: _____

Chief Administrator: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

How many volunteers do you estimate your group will be able to provide for this fundraising event?

Number of Volunteers: _____ Age Range: _____

If your organization has participated prior to the upcoming season, please indicate which area(s) and booth(s). _____

Which areas are you interested in working? (You may mark more than one or none if you're not sure.)

Parking _____ Grounds _____ Food Service _____ Souvenirs _____ Beer and Wine _____

How much money does your group need to earn? _____

How will the money from this event be used? _____

Please write in the dates of the festival and circle to indicate the weekends that your organization would be able to commit to. (Dates are available at michiefest.com or baryarearenfest.com or via phone.)
(Groups that can commit to all of the dates will receive preference.)

WEEK 1 _____ WEEK 2 _____ WEEK 3 _____

WEEK 4 _____ WEEK 5 _____ WEEK 6 _____

WEEK 7 _____

Signature _____ Date: _____