

2006 Heart of Fashion Volunteer Information Form



Please circle one: MRS. Ms. MISS MR. DR.

First Name: _____ Last Name: _____

Home Address

Number and Street: _____

City: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Business Address: If Applicable

Title/Position: _____ Company: _____

Number and Street: _____ Suite #: _____

City: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

I would like to volunteer for day-of: YES No

I would like to volunteer the night-of. My preference is:

- | | | |
|---|----------------------------|---|
| <input type="checkbox"/> Registration: | 1 st Preference | 2 nd Preference (please circle a choice) |
| <input type="checkbox"/> Silent Auction | 1 st Preference | 2 nd Preference (please circle a choice) |
| <input type="checkbox"/> Food Station | 1 st Preference | 2 nd Preference (please circle a choice) |
| <input type="checkbox"/> Coat Check | 1 st Preference | 2 nd Preference (please circle a choice) |
| <input type="checkbox"/> T- Shirt Sales | 1 st Preference | 2 nd Preference (please circle a choice) |
| <input type="checkbox"/> Entrance Monitor | 1 st Preference | 2 nd Preference (please circle a choice) |

Please return this form by: Fax: 416-756-9047, E-mail: amoore@nygh.on.ca
or Mail to Amanda Moore, NYGH Foundation, 4001 Leslie Street, Toronto, ON
M2K 1E1. Information is not shared and is kept confidential.