



Volunteer Gate Workers Form

Contact Person: _____

** If your group is accepted, the contact person must attend the volunteer meeting and must be present the night that your group is working the gate.*

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____

Email: _____

Please indicate how many nights your group is willing to work: _____

You will be contacted and invited to the Gate Worker Assignment Meeting if your group is accepted.

The contact person from your organization must be present at this meeting.

Registration Deadline – Monday, October 14

Return to: Danville Welcome Center 645 River Park Drive (Fax) 434-773-8198

For Questions/Information - call the Welcome Center at 434-793-4636

Office Use

Date Received: _____