



FRIENDS OF ROBNEY (F.O.R.) Enrollment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address					
City			State	ZIP	
Phone			E-mail Address		
Day/s Available					
Hours Available					
AREA OF INTEREST					
Which area(s) are you interested in?	Production <input type="checkbox"/> Ushering Bring a Group Host reception Will Call Table	Office <input type="checkbox"/> Filing Organizing Making Photocopies Answering Phones	Marketing <input type="checkbox"/> Writing Press Releases Writing Narrative Stories Speakers Bureau	Fund Raising <input type="checkbox"/> Hosting a Fundraiser in my Home Have idea for fundraiser	Special Events <input type="checkbox"/> Serve Food Bartend VIP Greeter Gofer

Signature		Date
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Day/s Available					
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AREA OF INTEREST					
Which area(s) are you interested in?	Production <input type="checkbox"/> Ushering Bring a Group Host reception Will Call Table	Office <input type="checkbox"/> Filing Organizing Making Photocopies Answering Phones	Comm. Outreach <input type="checkbox"/> Writing Press Releases Writing Narrative Stories Speakers Bureau	Fund Raising <input type="checkbox"/> Hosting a Fundraiser in my Home Have idea for fundraiser	Special Events <input type="checkbox"/> Serve Food Bartend VIP Greeter Gofer

Signature		Date
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