



2010 VOLUNTEER REGISTRATION

Thank you for your willingness to volunteer at the 2010 Will Golf 4 Kids tournament! You will be contacted prior to the tournament to confirm dates, times & duties.

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____ **Evening Phone** _____

Email _____

Emergency Contact & Phone: _____

Please mark the dates and times you are available to volunteer. Thank you!

Golf Tournament:

Thursday, August 12:

- | | |
|--|---|
| <input type="checkbox"/> 5:30 – 7:00 am | <input type="checkbox"/> 11:00 am – 1:00 pm |
| <input type="checkbox"/> 7:00 – 9:00 am | <input type="checkbox"/> 1:00 – 3:00 pm |
| <input type="checkbox"/> 9:00 – 11:00 am | <input type="checkbox"/> 3:00 – 5:00 pm |

Friday, August 13:

- | | |
|--|---|
| <input type="checkbox"/> 5:30 – 7:00 am | <input type="checkbox"/> 11:00 am – 1:00 pm |
| <input type="checkbox"/> 7:00 – 9:00 am | <input type="checkbox"/> 1:00 – 3:00 pm |
| <input type="checkbox"/> 9:00 – 11:00 am | <input type="checkbox"/> 3:00 – 5:00 pm |

Mail or Fax to:

Arkansas Children's Hospital Foundation
Attn: Robin Griffin
PO Box 8786
Fayetteville, AR 72703

Phone: 479-695-1303
Fax: 479-695-1307
Email: griffinrm@archildrens.org

Will Golf 4 Kids Volunteer Opportunities

Job	Description
Course Operations	Assist with set-up and tear down of event, snacks, drinks, watch specified locations for Hole-In-One Competition, etc.
Tournament Gift Distribution	Assist in handing out hats, visors and goody bags.
Lunch	Help set up and serve lunch.
Event Clean-Up	Help tear down and clean up after lunch on Friday.