

CHAMBER SOUTH SOUTH MIAMI ART FESTIVAL



Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

School: _____

Home Room Teacher: _____

Advisor (Counselor): _____

I will volunteer on:

Saturday, November 5, 2011

From: _____ AM / PM (please circle one)

To: _____ AM / PM (please circle one)

Sunday, November 7, 2011

From: _____ AM / PM (please circle one)

To: _____ AM / PM (please circle one)

Please return your completed volunteer forms to:

Chamber South
6410 SW 80 Street
South Miami, FL 33143
Phone: (305) 661-1621
Fax: (305) 666-0508
Email: art@chambersouth.com