

2012 United Cerebral Palsy at Taste of Madison Volunteer Confirmation Sheet

Please return by mail, fax or e-mail to trishadavies@ucpdane.org by **June 1st**.



Group: _____

Contact Name(s): _____

Cell Phone: _____

Email address: _____

2801 Coho Street
Suite 300
Madison, WI 53713

tel 608.273.4434
fax 608.273.3426
www.ucpdane.org

Age Range*: 14-17 18-21 21+

*Age range requested to accommodate requirements in our contract for Taste of Madison.

Yes, count me in to help UCP at Taste of Madison the weekend of September 1st and 2nd.
(I will submit my volunteer names to UCP by Friday, July 27th.)

I will renew my bartender's license prior to June 29th.
The second bartender for my group will be _____.

I will obtain my bartender's license prior to June 29th.
The second bartender for my group will be _____.

Please rank in order of preference:

- Saturday, September 1st, 1:30 p.m. – 5:30 p.m.
- Saturday, September 1st, 5:00 p.m. – 9:00 p.m.
- Sunday, September 2nd, 11:00 a.m. – 3:30 p.m.
(Please note: supervisors should arrive at 10:30 a.m.)
- Sunday, September 2nd, 3:00 p.m. – 7:30 p.m.

Please note:

There is a 30 minute shift transition. Once the second shift arrives, first shift volunteers are welcome to go.

Please indicate an estimated number of volunteers:

- Soda stand with _____ volunteers (5-6 needed at each stand)
(number)
- Beer stand with _____ volunteers (10-12 needed at each stand)
(number)
- Wine stand with _____ volunteers (3-4 needed at each stand)
(number)

***Please note – all individuals serving beer or wine must be 21 or older.**

UCP Use Only:

Date Received: _____