

## Toronto Historical Bowling Society Volunteer Form

Event:		
Date:		
Name:		
Contact Number: (H)	(C)	
Email:		
Preferred method of conta		
	<ul><li>☐ Home</li><li>☐ Cell</li><li>☐ Email</li></ul>	
Please let us know your a	vailability (check all that apply):	
Date:		
	<ul><li>☐ Morning</li><li>☐ Afternoon</li><li>☐ Evening</li></ul>	
Date:		
	<ul><li>☐ Morning</li><li>☐ Afternoon</li><li>☐ Evening</li></ul>	
Person to Notify in Case of	of Emergency:	
Name:	Phone:	

Thank you for completing this form and your interest in volunteering with THBS.