



UNITED WAY OF GENESEE COUNTY
3rd ANNUAL DAY OF CARING
Wednesday May 19, 2010
VOLUNTEER REGISTRATION

Company Name: _____

Address: _____

TEAM CAPTAIN INFORMATION:

Contact Person: _____

Phone: _____

Email: _____

LIST OF VOLUNTEER NAMES	T-shirt Size	RSVP	RSVP
		KickOff	WrapUp
		Y or N	Y or N

1. _____

2. _____

3. _____

4. _____

5. _____

PLEASE RETURN THIS FORM BY: FRIDAY, APRIL 16, 2010

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