



2012 VOLUNTEER REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

I am:  under 21 years of age       21 or more years of age

**Please mark the dates and times you are able to volunteer for the golf tournament.**

Thursday, August 9:

- |   |   |
|---|---|
| <input type="checkbox"/> 7:00 – 10:00 am    | <input type="checkbox"/> 11:00 am – 1:00 pm |
| <input type="checkbox"/> 10:00 am – 1:00 pm | <input type="checkbox"/> 1:00 – 3:30 pm     |
| <input type="checkbox"/> 10:00 am – 2:00 pm | <input type="checkbox"/> 3:30 – 6:00 pm     |

Friday, August 10:

- |   |   |
|---|---|
| <input type="checkbox"/> 7:00 – 10:00 am    | <input type="checkbox"/> 11:00 am – 1:00 pm |
| <input type="checkbox"/> 10:00 am – 1:00 pm | <input type="checkbox"/> 1:00 – 3:30 pm     |
| <input type="checkbox"/> 10:00 am – 2:00 pm | <input type="checkbox"/> 3:30 – 6:00 pm     |

**Thank you for your willingness to volunteer at the 2012 Will Golf 4 Kids tournament!  
You will be contacted prior to the tournament to confirm dates, times & duties.**

**Mail, Fax or Email to:**

Arkansas Children's Hospital Foundation  
Attn: Mary Coger  
PO Box 8786  
Fayetteville, AR 72703

Phone: 479-695-1303  
Fax: 479-695-1307  
Email: [cogerme@archildrens.org](mailto:cogerme@archildrens.org)