

# Registration Form Volunteer Judges

**CLUB:** \_\_\_\_\_

Volunteer Judge: Name _____ Address _____ City & Zip _____ Phone # _____ e-mail _____	Previous Experience Judging - Mark all that apply <input type="checkbox"/> Demonstration <input type="checkbox"/> Share the Fun <input type="checkbox"/> Illustrated Talk <input type="checkbox"/> Cultural Arts <input type="checkbox"/> Interpretive Reading <input type="checkbox"/> Song Leading <input type="checkbox"/> Impromptu <input type="checkbox"/> Primary Room <input type="checkbox"/> Extemporaneous
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# Registration Form

## Room Volunteers

**CLUB:** \_\_\_\_\_

Room Volunteer:	Type of Volunteer - Mark one
Name _____	<input type="checkbox"/> Room Supervisor
Address _____	<input type="checkbox"/> Door Keeper
City & Zip _____	<input type="checkbox"/> Room MC (Announcer)
Phone # _____	
e-mail _____	

Room Volunteer:	Type of Volunteer - Mark one
Name _____	<input type="checkbox"/> Room Supervisor
Address _____	<input type="checkbox"/> Door Keeper
City & Zip _____	<input type="checkbox"/> Room MC (Announcer)
Phone # _____	
e-mail _____	

Room Volunteer:	Type of Volunteer - Mark one
Name _____	<input type="checkbox"/> Room Supervisor
Address _____	<input type="checkbox"/> Door Keeper
City & Zip _____	<input type="checkbox"/> Room MC (Announcer)
Phone # _____	
e-mail _____	

Room Volunteer:	Type of Volunteer - Mark one
Name _____	<input type="checkbox"/> Room Supervisor
Address _____	<input type="checkbox"/> Door Keeper
City & Zip _____	<input type="checkbox"/> Room MC (Announcer)
Phone # _____	
e-mail _____	

Room Volunteer:	Type of Volunteer - Mark one
Name _____	<input type="checkbox"/> Room Supervisor
Address _____	<input type="checkbox"/> Door Keeper
City & Zip _____	<input type="checkbox"/> Room MC (Announcer)
Phone # _____	
e-mail _____	