

# ODYSSEY2010

## Volunteer Form

Name:

Membership No:

(if known)

	As a Participant	As a Helper
Operations		<input type="checkbox"/>
Tech		<input type="checkbox"/>
Registration		<input type="checkbox"/>
Programme	<input type="checkbox"/>	<input type="checkbox"/>
Art Show	<input type="checkbox"/>	<input type="checkbox"/>
Cabaret	<input type="checkbox"/>	<input type="checkbox"/>
Masquerade	<input type="checkbox"/>	<input type="checkbox"/>
Green Room		<input type="checkbox"/>
Newsletter		<input type="checkbox"/>
Publishing		<input type="checkbox"/>
Gopher		<input type="checkbox"/>

### Additional Details

Please help us to help you to help us by giving us details of any experience or specific areas you would like to work in where possible. Thanks you!

Please send your completed form to:  
Membership Services, c/o Fiona Marshall, 5 Langhaul Road, Crookston, Glasgow, G53 7SE