

BUCKEYE
FLEECE
TENT
VOLUNTEER

Buckeye Alpaca Show Volunteer Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

Please check the box for the area you would like to volunteer.
If you have specific days or times, please note in the area provided.

Assist with set-up on Friday a.m. _____

Assist exhibitors with unloading on Friday _____

Assist with Health Check-In _____

Assist with Friday Color Check _____

Gate Keeper _____

Hand out ribbons _____

Assist with Walking Fleece Show on Saturday _____

Assist with Walking Fleece Show on Sunday _____

Tear-down on Sunday _____

Assist with Youth Performance Classes _____

Assist with Pen Sale _____

Assist with Silent Auction _____

Assist with Meet & Greet Friday/Saturday _____

Volunteers are the backbone of our show. Thank you for your time and energy.

Volunteers to read & sign:

It is understood and agreed that the Organizers, facilities, AOA, Inc. or any of its sponsors, agents or employees shall not be held responsible for any loss, damage or injury to any person, property or animals which is caused directly or indirectly for any reason. The undersigned also agrees to hold harmless the above parties for any expenses or liabilities incurred, including but not limited to attorney's fees.

Date

Signature of Volunteer/Parent