

SNACK SHACK VOLUNTEERS FOR 2019

I am already a current volunteer and would like to continue in 2019.

Your name: _____

Child's Name: _____

Contact Number: _____

Child's current class (2018): _____

I am new to volunteering and would like to help out on the following day (of the month)

Monday	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>
Tuesday	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>
Wednesday	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>
Thursday	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>
Friday	1st <input type="checkbox"/>	2nd <input type="checkbox"/>	3rd <input type="checkbox"/>	4th <input type="checkbox"/>	5th <input type="checkbox"/>

Your name: _____

Child's Name: _____

Contact Number: _____

Child's current class (2018): _____

Please return to the canteen