



## VOLUNTEER SIGN UP FORM

Please contact me at your earliest convenience. I would either like more information about volunteer opportunities and /or am ready to volunteer now.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE: (DAY)** \_\_\_\_\_

**(NIGHT)** \_\_\_\_\_

**(CELL)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Please submit Volunteer Sign-up form to:**

**C/O Volunteer Committee  
Historic Bluffton Arts & Seafood Festival  
P.O. Box 2648  
Bluffton, SC 29910**

**Or fax: (843) 682-2673**