

## **EVENTS TEAM APPLICATION FORM**

Thanks for your interest in becoming a member of our events team for the Hamilton Christmas Charitable Trust
Please complete one form per person and return via mail or email (details below) by **Friday 10 November 2017 at latest** 

PLEASE PRINT DETAILS CLEARLY Tick applicable boxes (you can tick more than one)

	Christmas Tree Concert			FCU Christmas Parade		
Saturday 2 <sup>nd</sup> December			Sunday 10th December			
Tick :	Male	Female				
Age	15 – 18	18 – 21	22 – 25	25 – 30	30 +	
Name:						
Addres	ss:					
Home	Phone:	. Work Phone: .		Mobile:		
Email:						
Parent	ts Name & Signature (if und	er 18):				
charac	eve a wide variety of duties for the support, general duties. Indicate your previous role.	If possible what				
T Shirt	t Size (circle): <b>S M L XL</b>	XXL XXXL	Other			
Do you	u currently suffer from any n	nedical, physical c	or mental condition	that could affect your a	ability to carry out any	duties?
•	are that:  All the information provided I am willing to undergo a poly I agree to abide by theTrus I give permission to the Ha other lawful purposes.	olice check if requ t rules and regula	iired. itions.		tograph for advertisin	g, trade, and an
Signed	 d				ate	

Thank you again, we will be allocating the responsibilities and sending out instructions closer to the date of the event/events you have indicated. This year you will be asked to attend a briefing.

Please return completed form and refer any queries to: Karen Watkins, Events Manager, Hamilton Christmas Charitable Trust, PO Box 1561, Waikato Mail Centre, Hamilton 3240 Phone: 021 775 647 or Email: <a href="mailto:karen@hamiltonchristmas.co.nz">karen@hamiltonchristmas.co.nz</a>