

2024 CLIO SUMMER KICK-OFF
REGISTRATION FROM

Business/Organization Name: _____ Date: _____

Address: _____

Phone: _____

Contact Name: _____ Phone: _____

Email: _____

Target Demographic:

____ Pre-School/Early Elementary

____ Elementary

____ Middle School

____ High School

____ Adults

ACTIVITY/AREA/SERVICE OFFERED:

10'X10' ADEQUATE? _____ YES _____ SPACE NEEDED

NUMBER OF VOLUNTEER BADGES NEEDED? _____

TIMES OFFERED (IF DIFFERENT THAN "ALL")

Thursday: _____ Friday: _____

Please turn into: Paul St. Louis Clio Area Chamber of Commerce; pstlouis59@gmail.com

QUESTIONS: Call Paul @ (810) 441-4958

OFFICE USE ONLY:

Approved? YES NO

Date:

Response Sent Date:

Volunteer Badges Issued?

Date:

Area Assigned: