

PINBALL EXPO 2023 VOLUNTEER APPLICATION

APPLICANT INFO	RMATION			
Please complete	your name and c	ontact informatio	n in the fields belo	OW.
Name (Full Name	e Required)			
Email Address _				
Cell Number/Con	itact Number			
AVAILABILITY				
Please fill in day of	or days and times	you can voluntee	r with us.	
WEDNESDAY, OCT 18	THURSDAY, OCT 19	FRIDAY, OCT 20	SATURDAY, OCT 21	SUNDAY, OCT 22
LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:
info@pinballex		PLICANTS: Please our application to: Ohio 44484		
WORK PREFERE	NCE (Check all th	at apply) Not gua	ranteed:	
EM Pinball	SS Pinball	Arcade Vide		Load In/Out
AGREEMENT				
By submitting th Program.	is application, I he	ereby agree to all t	terms within Pinb	oall Expo Volunteer
PRINT NAME SIGNATURE				