

For Office Use Only—Do Not Write In This Space.

Fri Vol ___ / Sat Vol ___ / Sun Vol ___ / (# of Vol Coupons) ___ / Camp Spaces ___ / Weapon Course ___ / Fri N Potluck ___ Guests ___ /
Sat Vol Din ___ Guests ___ Paid \$5.00 each ___ / Children 5 & under ___ / Schedule sent ___ / Special Parking ___ / Notes: _____

JULY 18-19, 2009 BANNACK DAYS ...
GUNFIGHTER VOLUNTEER APPLICATION

***** (Please fill out a separate form for each person volunteering)**

PLEASE PRINT CLEARLY!

FIRST NAME _____ LAST NAME _____ AGE (IF UNDER 18) _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
PHONE: (Work) _____ (Home) _____ (Cell) _____
E-MAIL: _____

VOLUNTEERS ARE NEEDED BOTH DAYS FROM 9:00 A.M. TO 5:00 P.M.

I AM ONLY INTERESTED IN DOING THE GUNFIGHTS _____ **SAT** _____ **SUN** _____
YES I'M INTERESTED IN HELPING WHEN NOT IN GUNFIGHT _____
YES I'LL VOLUNTEER SATURDAY _____ **TIMES:** _____ / **YES I'LL VOLUNTEER SUNDAY** _____ **TIMES:** _____

I am interested in volunteering in: (Please check all appropriate boxes with your 1st, 2nd, and 3rd choices.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Assist with Candles | <input type="checkbox"/> Assist Ice Cream Concession | <input type="checkbox"/> Assist with Gold Panning |
| <input type="checkbox"/> Assist on back Model AA | <input type="checkbox"/> Assist on back of Wagon | <input type="checkbox"/> Assist in Dale Tash Booth |
| <input type="checkbox"/> Direct Traffic at Intersection | <input type="checkbox"/> Drive Model AA (18 or older) | <input type="checkbox"/> Front Entrance Gate |
| <input type="checkbox"/> Park Vehicles | <input type="checkbox"/> Setup Saturday AM | <input type="checkbox"/> Take down Sunday after 4:30 PM |
| <input type="checkbox"/> Wherever needed*** | <input type="checkbox"/> Other (please list what) _____ | |

Have you volunteered before? Yes ___ No ___ What Year? _____ If so, doing what? _____

Will you need a camp space at Bannack? YES ___ NO ___ # of Persons camping in your group _____ (limit 10)

Please list names of all camping with you _____

Check one: **Camp space 1:** ___RV___ Pull trailer ___5th Wheel ___Tent / **Space 2:** ___RV___ Pull Trailer ___5th Wheel ___Tent

Do you carry a period weapon? ___YES ___NO (Must annually complete Period Weapon Safety Course—No Exceptions!)

Due to a disability will you need accessible parking? YES ___ NO ___ NOTE: _____

Will you be attending the **Friday night potluck**? YES ___ NO ___ / How many **guests (not vol)** do you have attending? ___

SATURDAY VOLUNTEER DINNER--(Must preregister by April 1st No Exceptions—See Policy)

Will you be attending the **Saturday night volunteer dinner**? YES ___ NO ___ (Please NO Maybes!)

Need **Guest Tickets (Non Volunteers \$5.00)** Yes ___ How many? ___ Names: _____

(Children 5 & under are free but need to be listed) Child's name & age: _____

Signature _____ Date _____

Please return this form by April 1, 2009

To: Bannack State Park / 4200 Bannack Road / Dillon, Montana 59725 / 406-834-3413