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**PINBALL EXPO 2019  
VOLUNTEER APPLICATION**

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**APPLICANT INFORMATION**

Please complete your name and contact information in the fields below.

Name (Full Name Required) \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Number/Contact Number \_\_\_\_\_

**AVAILABILITY**

AVAILABILITY (Please fill in day or days and times you can volunteer with us):

<b>WEDNESDAY, OCT 16th</b>	<b>THURSDAY, OCT 17th</b>	<b>FRIDAY, OCT 18th</b>	<b>SATURDAY, OCT 19th</b>
LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:	LIST TIMES BELOW:

Please visit the website page for more information: [www.pinballexpo.com/volunteer.html](http://www.pinballexpo.com/volunteer.html)

**NOTICE TO ALL VOLUNTEER APPLICANTS:** Please email your application to: [info@pinballexpo.com](mailto:info@pinballexpo.com) or mail your application to: PINBALL EXPO VOLUNTEER, 1085 Eagle Trace Street, Warren, Ohio 44484

**AGREEMENT**

By submitting this application, I hereby agree to all terms within Pinball Expo Volunteer Program.

PRINT NAME \_\_\_\_\_ Signature \_\_\_\_\_