

**9TH ANNUAL AMERICAN WHITEWATER OHIOPYLE OVER THE FALL
FESTIVAL, September 15, 2007
VOLUNTEER REGISTRATION FORM**

Please clearly print all the information asked for in the space provided. **MAKE SURE YOU PRINT YOUR E-MAIL CLEARLY** so we can keep you updated about the clinics, Festival and Ohiopyle Falls access. Volunteers must also fill out a waiver: [adult under 18](#)

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER- H (_____) _____ - _____

TELEPHONE NUMBER- W (_____) _____ - _____

AGE AND GENDER _____=M _____=F

Those who commit to two hours of volunteer service will receive a T-shirt. (T-Shirt- XXL -XL - L – M)

Volunteer Areas:

Safety – Saturday _____9-1pm _____ 1-5pm

Registration, administration, etc. Saturday _____ 8-1pm _____ 1-6pm

We cannot guarantee your first choice.

Special Skills:

Mail to:

Ohiopyle Falls Festival
809 Smokey Wood Dr
Pittsburgh PA 15218-2737