

# Volunteer Application Form

## Arabesque Belly Dancing Competition

Produced by:

**Tee Rose Productions, 1446 Front Street, Suite A, San Diego, CA 92101  
858-342-8505**

The Arabesque Belly Dancing Competition (EVENT) will be taking place in San Diego and we need volunteers. (Please refer to our website for location and dates.)

If you are interested in helping us, please print this form, fill it in, and mail it to us at the above address. (**Do not send to the Venue address.**) In return for three or four hours of your time, you will receive a free pass to our event, along with discounted passes for your family members and friends.

We need volunteers to help us with one or more of the following:

- A Greeters (Greet the visitors, contestants, etc.)
- B Ushers (Answer general questions and direct people to the right areas.)
- C Tickets (Examine and/or sell tickets.)
- D Checkers (Check the paperwork, keep scores, etc.)
- E Helpers (Help to set up tables, booths, etc.)
- F Drivers (Very minimal, if any.)
- G Promoter (Spread the word about us. This is different; Please call for details.)

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I have read the General Rules pertaining to the EVENT and I agree to observe them. I would like to do volunteer work at the "Arabesque Belly Dancing Competition" event. I understand I may be asked to do any of the above tasks, however my first and second choices are:

- First Choice: \_\_\_\_\_
- Second Choice: \_\_\_\_\_

I will be available on: \_\_\_\_\_  
(Write day, date, and the hours that you are available.)

I hereby release and discharge **Tee Rose Productions** and/or **The operators of the Venue**, and their staff, officers, directors, agents, and volunteers, from any and all liability arising from, related to, or connected with, any damage, injury, illness, disability, or death caused by, or sustained in the course of participation in activities conducted by, or associated with, the **Arabesque Belly Dancing Competition**. I am aware that participating in such events can result in injuries. I am voluntarily participating in this activity with the knowledge of the danger involved and I hereby agree to accept any and all risks of injury. I hereby attest that this Waiver of Liability is provided voluntarily upon submission of this form and shall be fully binding upon the undersigned, my heirs, next of kin, executor, administrator, and/or personal representative. I have carefully read this agreement and fully understand its contents.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

\_\_\_\_\_ Dr License # \_\_\_\_\_ State \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian, if a minor.)