

## Milton Rooms Registration Form



NAME

ADDRESS

EMAIL

PHONE No

IN CASE OF EMERGENCY (NAME)  
(PHONE)

It is important that you take responsibility for your own limitations when volunteering, both physically and mentally

DO YOU HAVE ANY PARTICULAR AREA OF INTEREST FOR VOLUNTEERING? (Please tick)

Front of House team	Bar team
Office/box office team	Technical team
Marketing team	Managing events
Poster distribution	Volunteer managing
Decorating/repair jobs	Other (please specify)

Please note below any skills/knowledge/experience that you would share with the Milton Rooms. Please don't worry if you don't feel you have specific skills to offer. The Milton Rooms will provide training for your role.

Signed

Date

Contact details for 2 referees