

Calgary 4-H Regional Casino – Registration Form Aug. Fri 02 – Sat 03 Third Quarter 2024

4-H Club Name							
Your Name:			**Age:				
Mailing Address	::				dd y		
Town/City: Postal Code:							
Email:							
Phone Numbers	8:	(day)			(eve	ning)	
			(Cell)				
When is the best time to contact you?, at what number?							
Have you worke	ed a casino b	efore? (Circle you	ur response)	yes	I	าด	
If yes, what pos	ition(s) do yo	u prefer? (Circle	your response)				
Cashier	Banker	Chip Runner	Count Room	No P	No Preference		
Which is you pr	eferred Shift	? (Circle your re	esponse)				
Day One	Eveni	ng One	Day Two	Eveni	Evening Two		
Please note any Responses)	other shifts	that you are availa	able to work? (Ple	ase circle A	ALL app	licable	
Day One	Eveni	ng One	Day Two	Eveni	Evening Two		
(Those wo	orking in the o	count room do not	ning is 7:00pm to 3 have to arriver un	til 10:00pm)		
		set you up in their comp			//////	-	
		this form to Sue <u>su</u> <u>calgaryregional4hc</u>	uzonwatkins@gmail :ouncil@gmail.com	.com			

Questions? Please Contact Sue at (403) 931-3752, suzonwatkins@gmail.com

We need a minimum of 20 volunteers per day. With at least 2 backup volunteers per shift.