



## Volunteer Registration Form

Thank you for your interest in participating in the Nashville Cherry Blossom Festival!

Organization / Individual Name:	
Contact Person:	Title of Contact Person:
Mailing Address:	
Telephone Number(s):	Fax Number:
Email Address:	Website Address:
Approximately how many members of your organization will be participating at the festival?	
<p>What time slot would you like to volunteer? (volunteers should arrive 15 minutes prior to assigned time slot and be able to stay the duration slot assigned)</p> <p>7 AM – 10 AM</p> <p>10 AM – 1:30 PM</p> <p>1:30 PM – 5 PM</p>	
<p>In what areas / ways are you willing to volunteer?</p> <p>Set-Up Before the Festival</p> <p>Clean-Up After the Festival</p> <p>Information Table</p> <p>Japanese Cultural Area. Please list specific skills:</p> <p>Participant, Volunteer, Sponsor Sign-in Table</p> <p>Other:</p>	
Do you have any other requests / suggestions / questions?	

Please return this form to: Japan-America Society of Tennessee  
 c/o Emily Winckler, P.O. Box 19046, Nashville, TN 37219  
 Email: ewinckler@jastn.com Phone: (615)879-8727