

For Office Use Only—Do Not Write In This Space.

Fri Vol ___ / Sat Vol ___ / Sun Vol ___ / (# of Vol Coupons) ___ / Camp Spaces ___ / Weapon Course ___ / Fri N Potluck ___ Guests ___ /
Sat Vol Din ___ Guests ___ Paid \$5.00 each ___ / Children 5 & under ___ / Schedule sent ___ / Special Parking ___ / Car Pass ___

**JULY 15-16, 2017 BANNACK DAYS ...
GUNFIGHTER & DOVE VOLUNTEER APPLICATION**

***** (Please fill out a separate form for each person volunteering)**

FIRST NAME _____ LAST NAME _____ AGE (IF UNDER 18) _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: (Work) _____ (Home) _____ (Cell) _____

E-MAIL: _____

VOLUNTEERS ARE NEEDED BOTH DAYS FROM 9:00 A.M. TO 5:00 P.M.

I AM ONLY INTERESTED IN DOING THE GUNFIGHTS _____ SAT _____ SUN _____

YES I'M INTERESTED IN HELPING WHEN NOT IN GUNFIGHT _____

YES I'LL VOLUNTEER SATURDAY _____ TIMES: _____ / YES I'LL VOLUNTEER SUNDAY _____ TIMES: _____

I am interested in volunteering in: (Please check all appropriate boxes with your 1st, 2nd, and 3rd choices.)

- | | | |
|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Assist with Candles | <input type="checkbox"/> Assist Ice Cream Concession | <input type="checkbox"/> Assist with Gold Panning |
| <input type="checkbox"/> Assist on back Model AA | <input type="checkbox"/> Assist on back of Wagon | <input type="checkbox"/> Assist in Dale Tash Booth |
| <input type="checkbox"/> Direct Traffic at Intersection | <input type="checkbox"/> Drive Model AA (18 or older) | <input type="checkbox"/> Front Entrance Gate |
| <input type="checkbox"/> Park Vehicles | <input type="checkbox"/> Setup Saturday AM | <input type="checkbox"/> Take down Sunday after 4:30 PM |
| <input type="checkbox"/> Wherever needed*** | <input type="checkbox"/> Other (please list what) _____ | |

Have you volunteered for Bannack Day's before? Yes ___ No ___ What Year? ___ If so, doing what? _____

Will you need a camp space at Bannack? YES ___ NO ___ # of Persons camping in your group ___ (limit 10)

Please list names of all camping with you _____

Check one: **Camp space 1:** ___RV___ Pull trailer ___5th Wheel ___Tent / **Space 2:** ___RV___ Pull Trailer ___5th Wheel ___Tent

Do you carry a **period weapon**? ___YES ___NO (Must annually complete Period Weapon Safety Course—No Exceptions!)

Due to a disability will you need accessible parking? YES ___ NO ___ NOTE: _____

Will you be attending the **Friday night potluck**? YES ___NO___ / How many **guests (not vol)** do you have attending? ___

Do you need a car pass? **SEE Stan Smith for car pass only has 5** (please try to car pool) if you are Volunteering and in Gunfights and need a car pass mark yes here _____

SATURDAY VOLUNTEER DINNER--(Must preregister by April 1st No Exceptions—See Policy)

Will you be attending the **Saturday night volunteer dinner**? YES ___ NO ___ (Please NO Maybes!)

All Guest Tickets (Non Volunteers) are \$5.00 & must be paid for at this time—non refundable / I need ___ guest tickets. Names: _____

(Please make check to "Bannack Association"—All tickets after April 1 will be \$10.00 if available.

(Children 5 & under are free but need to be listed) Child's name & age: _____

Signature _____ Date _____

Please return this form by April 1, 2017 to: Bannack State Park / 4200 Bannack Road / Dillon, Montana 59725 / 406-834-3413

Please see Photo Release on back side