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| --- | --- | --- | --- |
| **Event/Project Title:** |  | | |
| **Date(s)/Time(s):** |  | | |
| **Staff responsible/Main contact:** |  | | |
| **Brief description (Please be specific):** | | |  |
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| **How many volunteers are needed?** | |  | |
| **Any additional details:** | |  | |
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| Task | # of volunteers needed for this task |
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| --- | --- |
| **Submission Date\*:** |  |

\*Must be no less than 2 weeks prior to event

|  |  |
| --- | --- |
|  | **Executive Director Approval** |
|  |  |
|  | **Created on Sign Up Genius** |
|  |  |
|  | **Posted to CMFDL Website** |