

# Bookfest 2010 - Availability Form



**Full Name:** .....

**Home Address:** .....

**Postal Address:** .....

**Home Ph. N°:** ..... **Work Ph. N°:** ..... **Emergency Contact name & Ph N°:** .....

**Mobile:** ..... **Email:** .....

**AVAILABILITY** (Please tick in the  box below for *dates* and *times*)  
**Return this form using the reply paid envelope supplied**

Dates	15 <sup>th</sup> Sept	16 <sup>th</sup> Sept	17 <sup>th</sup> Sept	18 <sup>th</sup> Sept	19 <sup>th</sup> Sept	20 <sup>th</sup> Sept	21 <sup>st</sup> Sept	22 <sup>nd</sup> Sept
Set-up	<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm	<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm	<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm					
Bookfest				<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm	<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm	<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm		
Pack-up							<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm	<input type="checkbox"/> 8am/11:30am <input type="checkbox"/> 12noon/4:30pm <input type="checkbox"/> 8am/4:30pm

Tasks	Experience		Preferred task
	Yes	No	
Pricer (Unpriced Section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricer (priced Section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packing/ Bag Sealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sorter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief Team (Full Day Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please fax this form to:  
Debbie Gibson:**

**Fax N°: 07 3250 4792**

**Or post it to**

**Book-fest Sept – 2010**  
 PO Box 542  
 Maroochydore DC  
 QLD - 4558