



Milton Events Committee Volunteer Form

First Name: _____

Last Name: _____

Address: _____

City/State ZIP _____

Phone: _____

Email: _____

I would like to volunteer for:

Milton Days

Friday August 19th
Saturday, August 20th

October Bazaar

October

Christmas Tree Lighting

December

I would like to become a member of the Milton Events Committee

I would like to donate to the Milton Events Committee

If Yes, a person from the committee will contact you. For further information

email: events@cityofmilton.net

Time	
From	To
Time	
From	To
Time	
From	To
Yes	No
Yes	No