

## Goldsboro Ballet Volunteer Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Title (Ms, Mrs, Miss, Dr, Hon.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*(Many volunteer communications are by email. E-mail saves time, paper, and Goldsboro Ballet funds.)*

Additional Information:

**Yes**, I want to receive Goldsboro Ballet eNews! Our newsletter will be emailed to you with production and company information, special announcements, and exclusive ticket deals only offered to our eNEWS subscriber base.

**Backstage Volunteers:**

**Costuming Volunteers:**

**Props Volunteers:**

**Yes**, I wish to donate to Goldsboro Ballet!

**Payment Method:**  Check (*payable to Goldsboro Ballet*)  MasterCard  Visa

Credit card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail** your payment to Goldsboro Ballet, 782 NC Hwy 111 South, Goldsboro, NC 27534

Attn: Mary Franklin 919.778.0888