EACH YEAR THE SWEET DREAMS COMMITTEE WILL RESERVE THE RIGHT TO DECIDE HOW MANY INCENTIVE DONATIONS WILL BE SELECTED!

SWEET DREAMS
COMMUNITY SERVICE
VOLUNTEER INCENTIVE PROGRAM

Sweet Dreams Volunteer Shifts

7:00 a.m. – 9:00 a.m.
9:00 a.m. – 11:00 a.m.
11:00 a.m. – 1:00 p.m.
1:00 p.m. – 3:00 p.m.

Organization Name: ____

Address: ____

Organization Contact Person: ____

Contact Phone #: ________________________ **(h)** ________________________ **(w)**

- **Groups MUST meet all criteria to receive $200 donation**

All Shifts MUST Have 10 Assigned Volunteers

Please Print Legibly

Name	Address	Phone#	Signature

Please Print Legibly

Name	Address	Phone#	Signature

I have read, understand and agree to the stipulations in this agreement. Our group will provide the Sweet Dreams committee with the required volunteers. Completion of this agreement (if selected) will result in our group, club or church receiving a $200 donation from Sweet Dreams Festival, Inc.

Signature of Organization Leader ***Signature of Contact Person***