



**VINTAGE DAYS 2009
SUB-COMMITTEE APPLICATION
April 16-19**

(Please print)

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____

CLASS LEVEL: _____ GPA: _____ GRAD. DATE: _____ CAMPUS I.D. #: _____

1. What areas are you currently, or have been involved with on and off campus? (i.e., work, clubs, community activities, etc.): _____

2. Did you participate as a spectator or member of a group in last year's Vintage Days? Yes ____ No ____.
If yes to the above, in which areas did you participate?

3. Check any of the following areas in which you would like to participate, using 1 to describe your first choice, 2 as a second choice, etc. (or describe a new event in which you would like to coordinate):

<input type="checkbox"/> Boomtown Carnival	<input type="checkbox"/> Development
<input type="checkbox"/> Casino Night	<input type="checkbox"/> Kid's Zone
<input type="checkbox"/> Concerts	<input type="checkbox"/> Publicity
<input type="checkbox"/> Crafts Faire	<input type="checkbox"/> Special Events

4. What are some of your impressions of last year's Vintage Days, and what would you like to change for this year's program? (Use the back of this sheet, if necessary).

