

*Legacy on the Lake*  
*Lakefest*  
**Legacy Brain Foundation**



Volunteer Information

Name of Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Numbers: Wk: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Volunteer Shift Information

I would like to volunteer  Friday June 24th  Saturday June 25th  
 I am capable of moderate physical activity  I prefer to be seated the whole time

**If you mail this form, please mail to:**  
**Shannon Funk**  
**11226 Indian Trail**  
**Dallas, TX 75229**  
**972-406-5218**  
**Email: [volunteer@lakefesttx.com](mailto:volunteer@lakefesttx.com)**