ROSE GARDEN CLUB

Member Availability

NAME: _____

PHONE: _____

AVAILABILITY DETAILS:

Please indicate your availability for workdays by marking the appropriate boxes below.

WEEKLY AVAILABILITY:			
DAY	**MORNING (8A-12P)**	**AFTERNOON 12P-4P)**	**EVENING (4P-6P)**
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

Upon completion, please email this form to: rgcofliberty@gmail.com.