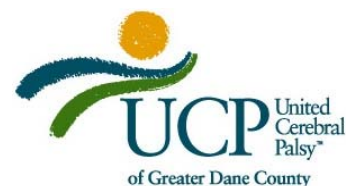


United Cerebral Palsy of Greater Dane County

Understanding Disabilities, Creating Opportunities



2011 Taste of Madison

Dear Friend of UCP:

United Cerebral Palsy of Greater Dane County (UCP) is gearing up for the **2011 Taste of Madison**, September 3rd and September 4th (Labor Day Weekend) held on the Capitol Square. UCP needs over 750 volunteers this year to serve drinks and we would love to have you join us!

The Taste of Madison has been a major fundraiser for UCP for over 25 years. Volunteer participation enables us to use 100% of our server tips to support children and families throughout southern Wisconsin.

If you are interested in helping out, please respond by sending in the enclosed blue Volunteer Confirmation sheet by **Friday, July 29th**, indicating whether your group is able to volunteer. (Specific volunteer names are not necessary at this time.)

The enclosed yellow Volunteer Recruitment sheet can be used to sign up volunteers. Please send their names to us by **Friday, July 29th**.

Here is how you can help:

Mark your Calendars

- Sign up to volunteer and recruit your friends and family to join you for one or more of the four shifts over the weekend. (Priority will be given to those signing up for double shifts first, then scheduled on a first come, first serve basis.)
- Please rank your choices in order of preference and return the attached Volunteer Confirmation sheet by **Friday, July 29th**. (It is not necessary to wait until you have all your volunteers recruited to sign up.)

Recruit

- Think of other groups that might want to volunteer, such as churches, social and service groups or other associations that would be willing to join us.
- Use the enclosed form to list recruited volunteers and send to UCP by **Friday, July 29th**.

Become a Bartender

- We are looking for new bartenders and training is now available online or at MATC.
- Upon completion of training, apply for a City of Madison license at the County Building. You may turn in your receipts and UCP will pay the costs associated with the license application. For further information on licensing options visit ucpdane.org or call 608.237.8508.

Thank you, as always, for your support. We are looking forward to seeing you over Labor Day weekend!

Sincerely,
The UCP Development Staff

Trisha Davies
Director of Marketing and Development
(608) 237-8508
trishadavies@ucpdane.org

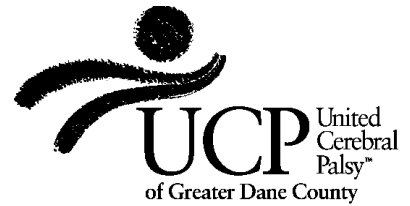
Alicia Hurkman
Event Coordinator
(608) 237-8541
aliciahurkman@ucpdane.org

Kimberly Genné
Marketing and Development Coordinator
(608) 237-8548
kgenne@ucpdane.org

2801 Coho Street
Suite 300
Madison, WI 53713

tel 608.273.4434
fax 608.273.3426
www.ucpdane.org

**2011 United Cerebral Palsy/Taste of Madison
Group Volunteer Confirmation**



Please fill out and return by mail, fax or e-mail
trishadavies@ucpdane.org by **July 29th**.

2801 Coho Street
Suite 300
Madison, WI 53713

tel 608.273.4434
fax 608.273.3426
www.ucpdane.org

Group: _____

Contact Name(s): _____

Phone Number(s): _____

Email address: _____

- Yes, count me in for the Taste of Madison event the weekend of September 3rd & 4th. (I will submit my volunteer names to UCP by Friday, July 29th.)**

- I will renew my bartender's license prior to August 30th.
The second bartender for my group will be _____.**

- I will obtain my bartender's license prior to August 30th.
The second bartender for my group will be _____.**

Please rank in order of preference:

- Saturday, September 3rd, 1:30 p.m. – 5:30 p.m.
- Saturday, September 3rd, 5:00 p.m. – 9:00 p.m.
- Sunday, September 4th, 11:00 a.m. – 3:30 p.m.
(Please note: supervisors should arrive at 10:30 a.m.)
- Sunday, September 4th, 3:00 p.m. – 7:30 p.m.

Please note:

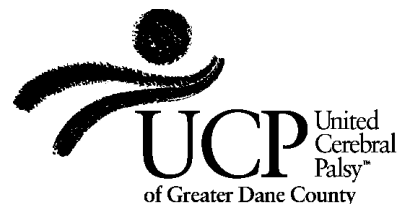
There is a 30 minute shift transition. Once the second shift arrives, first shift volunteers are welcome to go.

Please indicate an estimated number of volunteers:

- Soda stand with _____ volunteers (5-6 needed at each stand)
(number)
- Beer stand with _____ volunteers (10-12 needed at each stand)
(number)
- Wine stand with _____ volunteers (3-4 needed at each stand)
(number)

***Please note – all individuals staffing a beer or wine stand must be 21 or older.**

2011 United Cerebral Palsy/Taste of Madison Volunteer Recruitment Sheet



Please recruit volunteers, fill out sheet and mail, fax or e-mail trishadavies@ucpdane.org by July 29th.

Name: _____
 Group Name: _____
 Address: _____
 City, State and Zip: _____
 Home Phone: _____
 Work Phone: _____
 E-mail: _____

2801 Coho Street
 Suite 300
 Madison, WI 53713

 tel 608.273.4434
 fax 608.273.3426
www.ucpdane.org

Volunteers will be notified prior to the event of their assigned location and shift(s) as indicated below.

Please rank in order of preference:

- Saturday, September 3rd, 1:30 p.m. – 5:30 p.m.
- Saturday, September 3rd, 5:00 p.m. – 9:00 p.m.
- Sunday, September 4th, 11:00 a.m. – 3:30 p.m.
(Please note: supervisors should arrive at 10:30 a.m.)
- Sunday, September 4th, 3:00 p.m. – 7:30 p.m.

Please note:

There is a 30 minute shift transition. Once the second shift arrives, first shift volunteers are welcome to go.

Please choose the concession stand:

- Soda stand with 5-6 volunteers at each stand
- Beer stand with 10-12 volunteers at each stand
- Wine stand with 3-4 needed at each stand

*Please note – all individuals staffing a beer or wine stand must be over the age of 21.

Please fill out names and contact information for each volunteer:

In a continual effort to save funds on printing and postage, we ask that you be sure to provide an e-mail address to receive reminders and other communications as we get closer to the event. (UCP does not sell contact information.)

#1 Volunteer Name: _____
 Street Address: _____
 City, State Zip: _____
 Phone: _____
 Email: _____

#2 Volunteer Name: _____
 Street Address: _____
 City, State Zip: _____
 Phone: _____
 Email: _____

(Continued on back)

UCP Use Only : Supervisor Recruiter

Location: _____ Group Name: _____ Shift: _____

#3 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#4 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#5 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#6 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#7 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#8 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#9 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#10 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#11 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

#12 Volunteer Name: _____
Street Address: _____
City, State Zip: _____
Phone: _____
Email: _____

UCP Use Only : Supervisor Recruiter

Location: _____ Group Name: _____ Shift: _____