



# 2023 Covered Bridge Festival Committee Commitment Form

## COMMITMENT AGREEMENT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Business/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Office Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

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Please number your preferences 1-3 (1 being your top preference) for committee subcommittees:

<b>Stewardship Committee</b>	<b>Logistics Committee</b>
<input type="checkbox"/> Sponsors	<input type="checkbox"/> Volunteers
<input type="checkbox"/> Vendors (securing & communicating)	<input type="checkbox"/> Festival Layout (map, load in, and load out)
<input type="checkbox"/> Entertainment (stage acts)	<input type="checkbox"/> Setup/Tear Down
<input type="checkbox"/> Children’s Activities	<input type="checkbox"/> Parking/Traffic/Signage
<input type="checkbox"/> Demonstrators	<input type="checkbox"/> Vendor Hospitality
<input type="checkbox"/> Royalty	<input type="checkbox"/> Shuttle Buses

<input type="checkbox"/> Parade (procuring entries)	<input type="checkbox"/> Parade (executing and day of needs)
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I understand the mission and purpose of the Chamber and the annual Covered Bridge Festival and agree to devote the time necessary to accomplish the goals of the event.

I understand my responsibilities are to:

- Serve as a committee member for a term of one year. (January to November)
- Attend monthly meetings when possible
- Review meeting notes and program documentation
- Follow through with tasks assigned in a timely manner
- Provide and communicate updates
- Allow my photo to be used in promotional information for the Chamber
- I further understand if my schedule does not allow me to fully support my duties as a committee member, I will resign until I am able to fully participate, allowing other Chamber members to participate in the event

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Signature

Date