BLOCK CAPTAIN APPLICATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (home) _____ (work) _____ (cellular) _____

Email: _____

The best way to contact you is: _____

- ❑ Yes, I want to volunteer to serve as Block Captain for my block for Project Blitz

Mail this form to Operation Brightside, 4646 Shenandoah Avenue, St. Louis, MO 63110 or fax to 772-7444 or e-mail to operation.brightside@gmail.com