Norsk Høstfest
2019 Festival Participant Pass Request Form

Committee Name: _____

Date of Request: _____ ☐ Original Request ☐ Updated Request

Pick Up ___*Office* ___*Volunteer Desk (NDSF)*

Committee Name: _____

Committee Chairman #1	
Name	
Address	
City, State Zip	
Cell Phone #	
Email	
Chairman Parking Pass Request	No ____ Yes ____ Gate #_____ Pass # issued_____

Committee Chairman #2	
Name	
Address	
City, State Zip	
Cell Phone #	
Email	
Chairman Parking Pass Request	No ____ Yes ____ Gate #_____ Pass # issued_____

Pick up Signature: _____ Date: _____

Phone: 701-852-2368
Fax: 701-838-7873

Please Return As Soon As Possible

Norsk Høstfest
PO Box 1347, Minot, ND 58702-1347

email: ticketing@hostfest.com

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Committee Name: _____

List below the names of those persons who require a Volunteer Pass.

Name	Address/City/State/Zip	Phone	Email	W	Th	F	S	Total

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