

**COMMITTEE TO RE-ELECT THOMAS G. AMBROSINO
SIGN UP SHEET**

Name: _____ Telephone (H): _____

Address: _____ Work: _____

_____ Cell: _____

Email Address: _____

Ward: _____ Precinct: _____

I would like to help in the following ways: (Check all that apply)

- | | |
|-------------------------------------|---------------------------------------|
| _____ Hold Signs | I am available: (Please circle) |
| _____ Assist at Headquarters | Mon Tue Wed Thu Fri Sat Sun AM |
| _____ Make Phone Calls | Mon Tue Wed Thu Fri Sat Sun PM |
| _____ Walk / Drop Mailings | Best time to call: _____ |
| _____ Filling out Dear Friend Cards | |
| _____ Assist at Special Events | |
| _____ Ward or Precinct Coordinator | |
| _____ Poll Checker | |
| _____ Have a House Party | |
| _____ Other (Please Explain) _____ | |

I hereby give Tom Ambrosino my permission to use my name in an endorsement newspaper advertisement.

Signature: _____

Print Name: _____

Please drop off completed forms at Headquarters, 26 Revere Street, Revere, MA 02151
Telephone: (781) 284-TOMA (8662)

YOUR OFFER TO HELP IS SINCERELY APPRECIATED.