

Current Grade: _____ Emergency Phone #: _____

Phone # : _____ E-mail Address : _____

_____ permission to attend I give _____

Child's Name

_ Serve Susanville 6 day Program June 21-26

Serve Susanville 3 day Program June 24-26 I have also completed the 2010 Event form and Medical waver. I agree that by attending this event I give permission for the staff to act on my behalf in the case of a medical emergency. I also confirm the use of my child's likeness for promotional and follow up use.

Parent/Guardian Name Parent/Guardian Signature Date

Yes! I can help Drive I can donate food Scholarship tools Please Call Me. I want more info