

		Wanpapersajameen
PERMISSION SLIP – DETACI	HERE	
Participant's Name:	GE Sponsorship Progra	m '17-18 — Check Box and Write Nam
Parent/Guardian:		
Home Phone: () G	ade: A	ge: Sex:
Alternate Phone: () So	hool:	
materials (newsletter, web page, calendars, power point, etc.) in highlight	ng the event.	
Signature (Parent/Guardian)	Date	
IMPORTANT NOTE:	PARENTS: V	Ve <u>always</u> need your help!
According to Archdiocesan policy, in order for any EDGE	I can chaper	one from 6:00pm to 9:00pm
Middle School Events to take place we <u>NEED</u> one (1) adult for every six (6) youth, so please consider volunteering your	I can bring a	snack
time to make this program work. Thank you in advance!		ome at the time checked
	or send t	he snack with your child.