

Builta Run Club Permission

(Please list each child participating).

Child #1: _____ Grade Level/Class: _____

Child #2: _____ Grade Level/Class: _____

Child #3: _____ Grade Level/Class: _____

____ Option 1 ATTEND ALL 4 SESSIONS (I have enclosed a \$20 donation per child.)

____ Option 2 ATTEND ONLY the following sessions. (I have enclosed a donation of \$7 per session per child.)

____ Tues., September 26

____ Tues., October 3

____ Tues., October 10

____ Tues., October 17

____ I have included an additional donation of \$_____ to IPEF on behalf of Team Builta.

The members of Team Builta are Jodi Wojcik, Steve Niezgoda, Laura Johnston, Persis Sidhwa, Carolyn Cooper, Cristina Kenny, Osman Arain, Fred Cozzi, Brendan Cullen, Lisa Pagano, Ganesh Prabhu, William Reynolds, Andy Wojcik, Kelsie Wojcik, and Alicia Lockhart.

Emergency contact names and telephone numbers between 3:35-4:30pm

1. _____

2. _____

My child/children is/are: Walker _____ Car Rider _____

My child/children has/have permission to participate in after school meetings from **3:35-4:30** pm. I agree my child is either a walker or will be picked up promptly by **4:30** from the gym as a car rider. I understand a parent must come in and sign the student out if they are leaving early.

Parent Signature

Date