

# Spirit Week



I, (Parent) \_\_\_\_\_, give permission for my child

(Student) \_\_\_\_\_ in (Teacher) \_\_\_\_\_

class to participate in the Spirit Week Festivities at Broward Estates. My signature evidences that I accept general liability for the participation of my child in the activities identified below. The fee to participate in the activities is \$20.00. The \$20 fee includes the petting Zoo, Magic show and a school shirt.

## Contact Coach Adams with any questions

Shirt size

- S
- M
- L
- XL

## SCHEDULE

Monday	May 15 <sup>th</sup>	Professional Day	8:00- 3:00
Tuesday	May 16 <sup>th</sup>	Petting Zoo	12:45-1:45
Wednesday	May 17 <sup>th</sup>	Magic Show	1:45-2:45
Thursday	May 18 <sup>th</sup>	Field Day	9:00-2:00
Friday	May 19 <sup>th</sup>	Career Day	8:30-10:30

Emergency contact \_\_\_\_\_ @ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please do not allow my child to do the following: \_\_\_\_\_

Parent's signature \_\_\_\_\_

Please return this form and money to your child's teacher by May 5<sup>th</sup>

# Volunteers are needed