



END OF SCHOOL YEAR PARTY

CHS RICHMOND : FRIDAY, JUNE 15TH, 2018, 5:00-7:00PM

Parent Name : First:	Last:		
Email:	Phone:		
Parent Name : First :	Last		
Email:	Phone:		
Child's Name : First:	Last:	Age:	Gender:
Child's Name : First:	Last:	Age:	Gender:
Child's Name : First:	Last:	Age:	Gender:
Child's Name : First:	Last:	Age:	Gender:
Child's Name : First:	Last:	Age:	Gender:
Child's Name : First:	Last:	Age:	Gender:
Please list below any food allergies & name of person affected:			
<p>I give permission for my family child to be photographed during CHS activities. These photographs may be posted on the CHS website, CHS materials or CHS social media. Only first names will be utilized to identify the subject if the photo is to be labelled.</p>		<input type="checkbox"/> Yes, you may use photos and first names <input type="checkbox"/> Yes, you may use photos, but NOT first names <input type="checkbox"/> No, please do not use any photos	

RSVP to Elisa Hayden @
elisamangubat@gmail.com