

2019 Grade 8 End of the Year Volunteer Form

Parent/Guardian Name: _____

Student Name: _____

Parent/Guardian email address: _____

Phone numbers:

Home: _____

Cell: _____

Work: _____

I am interested in helping out with: **(please circle choice(s))**

Celebration (Friday, June 7) – Theme:

Picnic (Monday, June 17)

Family Celebration Night (Tuesday, June 18)

I am willing to CO-CHAIR:

____ Celebration Committee

____ Picnic Committee

____ Family Celebration Night

