

2018 Bazaar ~ Youth Volunteers

Please bring this form when you show up for your shift.

Parent Contact Information

Mom's Name: _____ Cell: _____

Dad's Name: _____ Cell: _____

Home Phone: _____ Email: _____

Parent Signature: _____ Date: _____

Name of Youth _____ **Grade:** _____
First Name Last Name

Things We Should Know (ie, Food Allergies, Medical/Social/Emotional Concerns)

Name of Youth _____ **Grade:** _____
First Name Last Name

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