

<u>DUE</u> no later than Wednesday, October 12, 2016

This form must be completed and returned for every student at Blue Hills Elementary.

No permission, no participation, no exceptions!

In order for your child to participate at the Bobcat Walk, the PTA requires written approval. Parents are responsible for supervising their own children. There will be <u>NO</u> teacher/staff supervision. If you are unable to participate, it is your responsibility to arrange supervision by another adult.

Please complete this form and return it to your child's teacher or the main office by Wednesday,
October 12, 2016. We need this form completed and returned for every student, even if you choose
not to walk after school. Everyone will walk with his/her class during PE, during the school day.

All students are eligible to receive lap prizes.

Questions, please email <u>bluehillsptabobcatwalk@gmail.com</u>

	Student Nam	e:		
	Teache	r:	Grade:	
		ry. He or She is ir	ne Bobcat Walk on <u>Th</u> ngood condition to wa	
Require	<u>:d</u> Parent/Guardia	n Signature:		
Parent/	Guardian Name: _			
			(Print Name)	
Date:		Cell Number:		 _
lf I canno my child	at the Bobcat Walk. ed Parent:		school, I designate the	·

Please Turn Over to Fill in Your Child's Sponsor Sheet

Blue Hills PTA Bobcat Walk 2016 Thursday, October 20th Sponsor Sheet

*Forms Due Wednesday, October 12th *

My \$\$ Goal: _____ My Mile Goal: ____

St	udent Name:	Grade:									
Teacher:						. Room #:					
Many children walk/run between three to ten miles, some as many as 15 miles! On average, students walk/run five miles. Sponsors may give flat donations, or pledge a per mile amount. Flat donations may be collected ahead and turned in with the sponsor sheet by October 12, 2016. Per mile pledges will be collected and turned in after the walk no later than October 31, 2016. Please have your sponsors write checks payable to Blue Hills PTA. Donations are tax deductible (Tax ID # 23-7051359) *T-shirt donations will be added to your student's total pledge. Thank you for your support!											
	Sponsor	Contact #	Flat \$ Pledge	Per Mile \$ Pledge	Total Pledge	Date Rcvd by PTA	Check # or Cash				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Shaded area for PTA use. Please leave blank.

__ Input Initials: _____ Total Pledge: _____Amt Received: ____Amt Due: ____

Date: _____ Input Initials: _____ Total Pledge: _____Amt Received: _____Amt Due: ____Ck/Cash:

Pre-Walk: