



ROTARY CLUB of TYNGSBORO/DUNSTABLE

Rotary Club Fishing Day

June 4th, 2017

Permission Slip

Participant: _____ Age: _____ First Time

Participant: _____ Age: _____ First Time

Participant: _____ Age: _____ First Time

Participant: _____ Age: _____ First Time

Participant: _____ Age: _____ First Time

Participant: _____ Age: _____ First Time

Parent or Guardian: _____ Parent _____ Guardian

Address: _____ TEL: _____

Email: _____

Number of assistants or other family members: _____ Total Attending: _____

The above person/persons has/have my permission to participate in the Fishing Day event
held on Sunday, June 4th, 2017

Signature of Parent or Legal Guardian: _____

Print Name: _____ Date: _____

And will be chaperoned by:

Chaperone: _____

Print Name: _____ Date: _____

Organization: _____

PLEASE EMAIL COMPLETED FORM TO: tdrotary@verizon.net

Or Mail to: Rotary Club of Tyngsboro/Dunstable, 440 Middlesex Road, PMB #111, Tyngsboro, MA 01879-1070