

2017 Crocker Walkathon Participation Form

Due Thurs. October 12th to classroom teachers



All walkers must be supervised by a responsible adult. This is not a drop off event.

_____ has my permission to
student name teacher gr.
participate in the Crocker Highlands' Walkathon, on **Saturday, October 21, 2017**
I understand that they will be supervised by an responsible adult.

_____ _____
Name of parent or guardian Signature of parent or guardian

I will be attending the event. In case of an emergency, you can reach me at
_____ or _____ the day of the event.
cell number cell number

I will not be attending the event. My walker will be supervised by
_____.
name
He/She can be reached at _____ the day of the event.
cell number