

HOEDOWN INFO

PLEASE HAVE YOUR CHILD TURN IN A COMPLETED FORM
WITH PAYMENT TO THEIR TEACHER BY:

FRIDAY, OCTOBER 27TH, 2017

> > PLEASE MAKE CHECKS OUT TO "HUDSON PTO" < <

QUESTIONS?

PLEASE CONTACT SARAH FILIPOVITZ -
CROSBYSARAH@YAHOO.COM OR
SALLY KUSS - SKENNEDY_77@YAHOO.COM

11/4/17

GIRL ()

11/3/17

BOY ()

CHILD'S NAME: _____

PARENT/GUEST NAME: _____

TEACHER NAME: _____

ROOM #: _____

PHONE: _____

EMAIL: _____

By allowing my child to participate in this PTO event/activity, I give consent for my child be photographed and for any such photographs to be used and/or published by Hudson PTO. To read the "Release Form" in its entirety, please visit www.hudsonpto.org and click on the forms tab. If you object to your child being photographed, please contact the coordinator of this event/activity.

Parent Signature: _____

Date: _____