

HOEDOWN INFO

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

WEDNESDAY OCTOBER 24TH

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

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ONLINE REGISTRATION AVAILABLE AT
HUDSONPTO.ORG

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QUESTIONS?

PLEASE CONTACT SHANNON PAOLUCCI
PAOLUCCISHANNON@GMAIL.COM

11/2/18

Boy ()

11/3/18

Girl ()

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. If you object to your child being photographed, please contact the coordinator of this event/activity.

Parent Signature: _____

Date: _____