

Service Project to help the Costello Family and
the Bucks County Community Foundation

Friday, May 29th, 2015
Periods 6 and 7 (1:00 PM to 2:40 PM)

STUDENT INFORMATION SHEET

Carl Sandburg students, grades 6 through 8, coming together to help others! Thank you for taking the time and interest in helping give back to our community!

YOUR INVOLVEMENT is **ESSENTIAL**
to providing desperately needed assistance.

STEP 1:

Talk to your parents about getting involved.

STEP 2:

Talk to your friends and family members. Ask for their support of your efforts by donating money to your Sandburg Walk-a-thon campaign. Sponsors are asked to give a flat contribution, i.e. \$5 for whatever you walk. Ask your sponsors to **write checks** or if cash is given, please have your parents write a check. Please have checks made payable to Sandburg Middle School.

STEP 3:

Student Council representatives will collect your **COMPLETED** Registration Forms and Money (Checks) in Homeroom. Please remember you need a minimum of \$5.00 in donation in order for you to participate. Turn your collection sheet and monies in by Wednesday, May 27, 2015.

Please remember to THANK your supporters!

STEP 4:

Walk! Make sure you have some friends involved. Bring some music to listen to along the way. Have fun helping others!

Any Questions:
See any member of the
Student Council
Mr. Simons (E-10)

Note To Parents:

Our service projects teach young people the value of community. We thank you for permitting your son or daughter to participate in the Sandburg Walk-a-thon!

Sandburg WALK-A-THON
ACES FOR ASHLEY

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Make check payable
Sandburg Middle School

STUDENT'S SIGN-UP INFORMATION

(Must be completed)

Name: _____
Please Print

GRADE: _____ HR: _____

Note to Parents: Our service projects teach young people the value of community. We thank you for permitting your child to participate in Sandburg Walk-a-thon!

Waiver: In consideration of allowing my child to participate in this event, on behalf of myself and child, I hereby grant permission for my child's participation and waive and release any and all claims which I or my child have against the Neshaminy School District, Carl Sandburg Middle School, and the employees, officers, agents and volunteers of each of them, for any and all injuries or losses which may result because of taking part in this program or as a result thereof.

Parent/Legal Guardian Signature:

COLLECTION AREA

Table with 2 columns: Names of Sponsors, Amount Donated. Multiple rows for data entry.

Thank you for your support!

Total Collected: [Box]