**Leadership/Mentorship Community Opportunity: FORM ONE**

**WHO: Burnaby District Pro-D Day**

**WHAT: Help With Set-Up**

**WHERE: Burnaby North High School**

**WHY: Extra School Support Required**

**WHEN:**

 **THURSDAY ONLY, Feb. 21, 2019 from 3-7pm**

**Please note: It is VERY important that you show up once committed to this, arrive early and do your best to represent well!**

**Please print:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) to participate in this volunteer activity. For out of school time activities, I understand that students may be going to the event without school supervision, there may not be school supervision at the event and they may be returning home on their own.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any food allergies/aversions? If no, please state NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact Elizabeth Byrne (Mentorship/Leadership teacher) Elizabeth.byrne@burnabyschools.ca or call the school the number above.



**Return this to Ms. Byrne in Room 202 by FRIDAY, FEB.15, 2019.**