

# MARIMBA 2016-2017 PERMISSION FORM

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Person(s) Responsible for Picking Child Up From Practice (name/phone):

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**Days your child would like to attend (circle ALL days that will work):**

Monday                  Wednesday                  Thursday

**T-Shirt Size (circle one):**

Youth(S), Youth(M), Youth(L), Adult(S), Adult(M), Adult(L)

**I can volunteer to help on the day my child is at marimba:**

Yes                  No

**I can help transport equipment: for special events:**

Yes                  No

**I am going to:**

Pay in Full\*    Pay in Installments                  Need Partial Scholarship                  Need Full Scholarship

\*Please make checks out to Sojourner Education Foundation