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Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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### ***Please have your parent complete if you are under 18:***

I, (print name) \_\_\_\_\_, as the parent / legal guardian of (child's name) \_\_\_\_\_, grant permission as stated above.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

### ***Thank you for supporting United Way of Portage County!***

Office Note:  
Forward all originals to Director of Communications & Marketing.

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