**DATE:**

**NAME OF STUDENT:**

**SECTION:**

**TITLE OF ACTIVITY:**

**VENUE:**

**DATE AND TIME:**

***I understand that my son/daughter/ward will be accompanied by a teacher-adviser and that s/he will be given time to make up for missed requirements.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian

Contact Number:

Date:

Submitted to:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Organizer/Teacher-Adviser

Contact Number:

Date: