

Recycling Team Registration Form

This form must be returned on Club and Activity Sign-up Day.
(Friday, September 5th, 8:00-9:30am, 1:45-3:15pm, and 6:00-7:00pm)

Name: _____

Classroom Teacher: _____

Grade: _____

Parent's Name: _____

Phone Number: _____

Emergency Phone Number: _____

Day Preferred: _____ Tuesday _____ Friday

Semester Preferred: _____ Fall _____ Spring

Please indicate any needs as far as carpooling, etc.:

My child _____, has my permission to help with recycling.

Signature _____