

# SHout! (Students Helping Out)

## 2010 Prize Drawing Application\*

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ / \_\_\_\_\_ Photo attached Y N

Grade/Volunteer month (circle one): K-6/Feb 7-8/March 9-12/April Total Hrs. \_\_\_\_\_

Please describe the voluntary service(s) you contributed to your community (attach additional paper if necessary)

**Affirmation:** I, \_\_\_\_\_, hereby affirm that I have completed the volunteer service(s) described above. Date \_\_\_\_\_

**Parent/Guardian Permission:** My child, \_\_\_\_\_, has permission to participate in the SHout! prize drawing. *Media Release:* I permit my child's name and/or image to appear in print, visual (TV), or audio media relating to their participation in the SHout! program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

\*Completed applications must be received no later than **5:00 PM** on **3/1/2010(grades K-6), 4/1/2010(grades 7-8), and 5/3/2010(grades 9-12)**. Drawings will be held **3/2/2010, 4/6/2010, and 5/4/2010**. Address: **Rifle Dental Care/1430B Railroad Avenue/Rifle CO 81650**. *No copies or faxes will be accepted.*