

# Battle Of Books

4th & 5th Grade Permission Slip

Team Name PLEASE PRINT						
Team Captain's Name PLEASE PRINT						
Circle or Write in Your School	Westview	Other (write below)	Write Your Teacher's Name			
Child's First & Last Name PLEASE PRINT						
Write Your Street Address Below			Circle Your City Below			
			Bensenville Itasca Wood Dale			
Parent's Telephone			Child's T-Shirt Size (circle one)	Youth Medium Adult Medium	Youth Large Adult Large	Adult Small Adult XL
Parents: Please sign below						
My Child has permission to Participate in Battle Of Books				Please Print Parent's E-mail Address Below		
PLEASE PRINT PARENT'S NAME						