

KIDS FOR CRAIG



KIDS WORKING TOGETHER

Application to Participate

Return form by **Monday Sept. 29, 2009** to:

Craig Hospital Foundation

3425 S. Clarkson St.

Englewood, CO 80113

303-789-8650, or fax to: 303-789-8940

School Name: _____

School District: _____

Address: _____

City: _____ CO Zip: _____

Faculty Contact Name: _____ Phone: _____

Faculty Contact Email: _____@_____._____

Number of Students Enrolled

Up to 500

501-1,000

1001—2000

2001-3000+

Student Representative(s) (up to 2)

Name: _____ Email: _____ Grade _____

Name: _____ Email: _____ Grade _____

Authorization

Our school would like to participate in the Kids for Craig campaign.

1) The 2009-10 Kids for Craig campaign is open to any high school.

2) The Kids for Craig, or Craig Hospital logos may not be used or reproduced without the express permission from Craig Hospital.

3) Representatives from individual schools will select their own fundraising event(s). If you have questions, contact Mary Bonner at 303-789-8019, mbonner@craighospital.org

4) _____ indemnifies and holds harmless Craig Hospital and

(Name of School)

the Craig Hospital Foundation from any and all liability incurred as a result of, or in any way connected to, an event hosted by the aforementioned school relating to the Kids for Craig Campaign. Parental permission must be obtained by the school hosting the event.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING

Date: _____

Principal Signature (Facsimile signature acceptable)

Title: _____

Print Name