

After School Sports 2009/2010

Beginning Monday, October 5th

Time: 3:30 – 4:30

Session #1: Circus Arts

Mondays: October 5th – November 2nd

Watch for additional sessions as we recruit volunteers and work out the logistics!

Families should be aware that this program will run until **4:30** p.m. Parents/Guardians must make provisions for transportation for their students.

For additional information please contact: Don or Eric @ 252-3516

Don: dwzemke@seattleschools.org

Eric: elherndon@seattleschools.org

(CUT AND RETURN)

TOPS AFTER SCHOOL SPORTS REGISTRATION FORM

I hereby give my consent for _____

to participate in the TOPS After School Sports program for session # _____

Session Dates: _____ Session Topic: _____

I understand that there will be no transportation home or Safety Patrol service provided after the program ends at **4:30** pm. I will provide/arrange for my child's transportation home.

Parent/Guardian _____ Signature _____
(Print)

Home Phone: _____ Work Phone: _____ Cell Phone: _____