



Dear Parents and Families,



Return this form to school with your child

Name _____ E-mail address _____

Telephone numbers _____ (daytime) _____ (evening)

Yes, I would love to help by (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Creating signage and media alerts | <input type="checkbox"/> Helping secure community sponsors |
| <input type="checkbox"/> Decorating school and Book Fair | <input type="checkbox"/> Supplying refreshments on |
| <input type="checkbox"/> Giving book talks to classrooms | <input type="checkbox"/> Working during Fair on |
| <input type="checkbox"/> Setting up Fair on | <input type="checkbox"/> Packing up Fair on |

Teachers – Please give completed forms to your Book Fair Chairperson _____.

We will contact you soon. Thank you for supporting our Book Fair!

