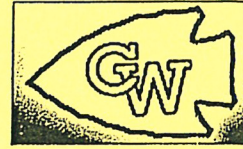


Adopt-A-Warrior Assistance Request Form



Name _____ Year in School _____

Activities (please check all anticipated activities)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Marching Band, Pep Band, Jazz Band, Flag Corps |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Girls Track | <input type="checkbox"/> Extra-Curricular Choir |
| <input type="checkbox"/> Girls Tennis | <input type="checkbox"/> Boys Track | <input type="checkbox"/> Scholastic Bowl |
| <input type="checkbox"/> Boys Tennis | <input type="checkbox"/> Golf | <input type="checkbox"/> Drama Club |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> FCCLA | |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> FFA | |

Contact Information:

Parent/Guardian Name _____

Please check preferred contact method:

- Address _____
- Phone Number _____ Text? Yes ___ No ___
- E-mail _____

Parent/Guardian Signature _____

Date _____

- We would like this request to remain anonymous
- We would like to be matched with a donor so we may write a thank you note

Parent will be notified within two weeks of receiving this form if funds are available. Funds will be paid directly to the school on the student's behalf. Funds are distributed on a first-come, first-served basis, with consideration given to donor requests. Questions can be e-mailed to AdoptaWarrior_2013@yahoo.com

Please return this form to the Casey United Methodist Church office or mail to:

Casey United Methodist Church – Adopt a Warrior
P.O. Box 365
703 N. Highway 49
Casey, IL 62420



For Office Use Only

Date Received _____ Date Paid _____