

# Campus Groups Parent Contact Information

Date: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_ I will coordinate my school's campus group.

\_\_\_\_\_ I will assist the coordinator of my school's campus group.

	First Name	Last Name	School	Grade	Homeroom Teacher
Student 1	_____	_____	_____	_____	_____
Student 2	_____	_____	_____	_____	_____
Student 3	_____	_____	_____	_____	_____

I would be interested in attending the following types of events at my school:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please mail this form to: C-FB AGT, P. O. Box 111702, Carrollton, TX 75011-1702