VILLAGE OF ROCKVILLE CENTRE

P.O. BOX 950 ROCKVILLE CENTRE, N.Y. 11571-0950



Mayor's Youth Task Force

I,(P	lease Print Name of Par	, consent to my
child,	(Please Print Name	, Date of
Birth	(Month, Date, Year)	, in participating in the
Village of Ro	ockville Centre's M	layor's Youth Task Force.
		Parent/Guardian Signature
		Date