HIGHLAND HIGH SCHOOL ROBOTICS TEAM- CONTACT PERMISSION SHEET

Project: Permission to contact students for robotics team.	**Meeting Date:**
Facilitator:	**Place/Room:**

PLEASE PRINT LEGIBLY **PLEASE PRINT LEGIBLY** **PLEASE PRINT LEGIBLY**

I do hereby grant the Gila Monsters Robotics Team permission to contact myself and or child about the team business.
Please update contact information for our records.

Students Name	Parents Signature	Email Address	Phone