



United Way  
of Stephens County

## Permission Slip

I, \_\_\_\_\_, parent/guardian, of  
\_\_\_\_\_, minor child.

(Please print names)

Give my permission for \_\_\_\_\_ to enter the United Way of  
Stephens County, Raise Your Voice, Make Your Heart Sing, virtual competition.

On September 1 – October 4<sup>th</sup>, 2021.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent / Guardian)

Parent/Guardian's home phone number \_\_\_\_\_

Parent/Guardian's cellular phone number \_\_\_\_\_