

# PARENT HELP FORM

## 2015-2016

PARENT(s) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Parent Email address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Teen(s) Name(s) \_\_\_\_\_ Grade \_\_\_\_ Campus \_\_\_\_\_

YES

**REFRESHMENTS for LIFE NIGHTS** (Sunday evening)  
(3+ families provide and serve refreshments together)

\_\_\_\_\_

### **RETREATS:**

**Cook for CONFIRMATION RETREAT,**  
Dec. 4-6 @ Camp Capers

\_\_\_\_\_

**Driver for CONFIRMATION RETREAT,**  
Dec. 4-6 to and from Camp Capers

\_\_\_\_\_

**Cook for TEEN A.C.T.S. RETREAT**  
TBD

\_\_\_\_\_

**Angel Gift Basket** in Nov. and Dec.  
Gifts for Nursing Home residents –  
prepare gift tags, transport gifts to nursing homes

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**CHAPERONE** when needed

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**OFFICE HELP** (between 9:00AM - 4:00PM)

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**Thank You**

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