



### Out of District Chaperone Form

Name: \_\_\_\_\_ Gender:  Male  Female

District: \_\_\_\_\_ School: \_\_\_\_\_

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

I agree to act as chaperone to the following Centralia School District students at the event listed above:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)