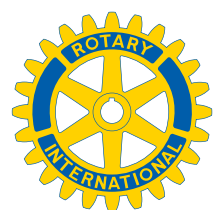


# YOUNG HEROES OF NORTH FULTON

## Nominee and Parent/Guardian Agreement Form

With the application packet having been completed, I understand the Young Heroes of North Fulton Awards program and give my permission for my child to participate in this program, agreeing to all of the guidelines. If selected as a Young Hero of North Fulton, my parents and I, as a nominee, give our consent for the Teaching Museum North of Fulton County Schools and the Roswell Rotary Club to furnish my name, information about my project and photos to the media and for the Teaching Museum North and the Roswell Rotary Club to use my photos, information about my Young Heroes project and my name on their websites under the Young Heroes section of their website.

<b>Nominee's Name:</b>		
<b>Parent/Guardian's Name:</b>		
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>		
<b>Date of Birth:</b>		
<b>School:</b>		
<b>Class/Grade:</b>		
<b>Nominator's Name:</b>		
<b>Relationship to Student:</b>		
<b>Nominator's Day-time Phone:</b>		
<b>Parent's Signature:</b>		<b>Date:</b>
<b>Nominee's Signature:</b>		<b>Date:</b>



Roswell Rotary Club