

Community Round Up Durham-Middlefield

Sponsored by Regional School District #13 and The Local Wellness Coalition

Dear Parents and Guardians,

On Saturday, December 5, 2015 from 9 am – 12 pm, RSD #13 and the Local Wellness Coalition will sponsor the Community Round-Up at Cuginchaug Regional High School. The purpose of this project is to collect non-perishable food items, canned goods, and grocery gift cards which will be distributed to the needy in our community. This will be our effort to make the holidays a little brighter for those less fortunate.

We need students to participate by forming teams of 3 or 4 with a parent/volunteer driver to bring them into neighborhoods, going door to door to collect food items. Teams will register at CRHS between 8:30 and 8:45 am. At 9:00 am, teams will go into the community to pick up items and bring them back to CRHS to be counted and boxed. If you are not a team member and volunteering at CRHS only, please choose a shift below. We are always in need of volunteers to help pack trucks and deliver food to Amazing Grace during the 11:30-1:30 shift. In keeping with the spirit of the day, items will be counted for a grand total only. Teams and volunteers will be eligible for a random drawing. You do not need to be present to win the drawing. Please support your children in this effort. Community service hours will be verified for those who need them.

To reserve your spot on a team or as a volunteer, please fill out the permission form below and hand it in to your school representative by **Friday, November 20th**. If you are a member of a team, all permission slips for the team must be handed in together. **IF YOUR TEAM HAS STUDENTS FROM MULTIPLE SCHOOLS, PLEASE DESIGNATE ONE SCHOOL TO HAND IN ALL PERMISSION SLIPS.**

Registration/Permission Form

Team Driver: _____ **Cell Phone:** _____

Team Members:

1. _____ 3. _____

2. _____ 4. _____

I give my child _____ permission to participate in the Community Round Up at CRHS on December 5, 2015 and to be driven by _____.
(Team Driver listed above)

OR

I/My child would like to volunteer to help at CRHS during the event. **Name:** _____

Please check one box below:

9:30-12:00

11:30-1:30

All Day

Parent/Guardian Signature _____

Email Address: _____