

CONFIRMATION of SCHOOL/DISTRICT RECOGNIZED EVENT at the MICHIGAN STATE UNIVERSITY-ST. ANDREWS FACILITY IN MIDLAND

I understand that on _____, students
(date)
from _____
(name[s] of school or schools)
will participate in _____,
(name of workshop)

a school recognized event at the MSU St. Andrews facility in Midland.

Because these students are minors, I understand that in order for them to participate in the above event, the school must have on file all needed parental permissions forms, including permission to call for medical assistance, should such be required.

The school district personnel who will accompany and supervise the students are:

NAME	ROLE
_____	_____
_____	_____
_____	_____

Signed:

Name _____
Title _____
Affiliation _____
Date _____
Telephone Number _____
Email _____