

# 2018 Haunted Hollow Permission Form

[www.nshaunts.ca](http://www.nshaunts.ca)

Please print and have guardian sign and bring it to the orientation meeting on September, 20th.

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*Proceeds will be donated to the Halifax Search and Rescue Association and other local charities.*

I give my permission for \_\_\_\_\_ to participate in the 2018 Haunted Hollow.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you have any medical conditions we should be aware of? Yes / No

If so, what is it?

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**Volunteers Name:** \_\_\_\_\_

**What nights are you available to volunteer? Please Circle:**

Friday, Oct 5th	Friday, Oct 12th	Friday, Oct 19th	Friday, Oct 26th
Saturday, Oct 6th	Saturday, Oct 13th	Saturday, Oct 20th	Saturday, Oct 27th