

# 2019 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, 21st.

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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 2019 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 4th   | Friday, Oct 11th   | Friday, Oct 18th   | Friday, Oct 25th   |
| Saturday, Oct 5th | Saturday, Oct 12th | Saturday, Oct 19th | Saturday, Oct 26th |