# ROCKLAND COUNTY MUSIC TEACHERS GUILD

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## MUSIC MARATHON 2016
## STUDENT'S SPONSOR SHEET
## and
## PERMISSION FORM

Student's Name_____ Total Donation_____

Teacher's Name_____

Parent's Approval Signature_____

*Dear Friends and Relatives,*
*I will be performing on the weekend of Dec. 10th or 11th, at the Palisades Mall.*
*All proceeds go to benefit HELPING HANDS of Rockland County.*
*The performance hours will be from 10:00AM-5:00PM on Saturday and 10:00AM-5:00PM on Sunday.*
*Please help by lending your support for this event! It is a worthwhile cause. THANK YOU!*

PLEASE MAKE CHECKS PAYABLE TO: **HELPING HANDS** of Rockland County

| Sponsor's Name | Address | Amount |
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Students should place all donations and completed sponsor form in a sealed envelope.
Label the envelope with the names of student and teacher, and the total donation.

Checks $_____

Cash $_____

**PLEASE BRING THE ENVELOPE TO THE MARATHON**