

VILLAGE OF ROCKVILLE CENTRE

P.O. BOX 950

ROCKVILLE CENTRE, N.Y. 11571-0950



Mayor's Youth Task Force

I, _____, consent to my
(Please Print Name of Parent/Guardian)

child, _____, Date of
(Please Print Name of Youth)

Birth _____, in participating in the
(Month, Date, Year)

Village of Rockville Centre's Mayor's Youth Task Force.

Parent/Guardian Signature

Date