



Administrative Use Only Runner(s) Assigned:

**Bell Runners 2011-2012  
Permission Form**

- Yes – I want my child to participate in The Bell Center’s Bell Runners Program by having a runner/walker train and fundraise in his/her honor.
- No – I do not wish for my child to participate in this program.

<b>Child’s Name:</b>
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<b>Parent’s Name:</b>
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<b>Contact Phone #:</b>	<b>Email:</b>
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- Yes – I would love my child’s runner to contact me and learn more about him/her!

**Tell us about your child. Anything you would like his/her runner to know about him/her.**

<b>Age:</b>
<b>Diagnosis:</b>
<b>Siblings:</b>
<b>Pets:</b>
<b>Favorite toy:</b>
<b>Favorite food:</b>
<b>Favorite activity:</b>

**My child really loves to .....**

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