

Date and Time Received _____

Initials: _____



BETHANY SPIRIT ROCK RESERVATION FORM

Parent Name (please print) _____

Child(ren) Name: _____

Phone Number: _____

Email Address: _____

Date/s Requested: _____ **\$5/day-\$20/week**

Message to be displayed on rock:

**Please include cash or check made payable to Bethany Elementary PTO.
By signing below, I agree to provided guidelines for the Bethany Spirit Rock.**

RECEIPT OF THIS SIGNED FORM CONFIRMS YOUR RESERVATION! Thank you for supporting the Bethany PTO!

Office Use Only: Artwork approved by: _____

Circle: Not Paid/Paid (date/cash or check #) _____

PTO Initial: _____