

## Donovan's SMILE Shave Event

I give my permission for my child to have his/her head shaved, on Thursday, April 28, 2016, in memory of Donovan Justice Mejia and the 46 children diagnosed each day with cancer!

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Contact (best # to reach you at): \_\_\_\_\_

Please sign and return to the event for your child to participate.

The event will take place at Beckman High School on April 28<sup>th</sup> from 3pm to 6pm.

By signing above you give permission for your child's participation in the Donovan's SMILE Shave Event and the use of your child's name and photograph for promotional purposes.

Head shaving will be done by licensed cosmetologists.

For more information please contact us at [smile@donovanssmile.org](mailto:smile@donovanssmile.org)

To donate visit [www.Donovanssmile.org](http://www.Donovanssmile.org) or scan the QR code below from your mobile device.

