

Permission To Publish 2023-2024 School year

Date:	
Students Name:	
Parent/Guardian Name:	
Grade:	-
Email Address:	
Check one:	
() I give the Stony Point High School Softball Booster Club permission my daughter's softball-related information (i.e. name, photo, class, jerse number, position, awards, etc.) for use in booster club publications and owebsite.	У
() I DO NOT give the Stony Point High School Softball Booster Club permission to use my daughter's information on any booster club related publications or website.	
Parent Signature:	