

Affirmative Opt Out Form

Solar Eclipse viewing event 8/21/17

I am completing this form indicating that my child/children:

MAY NOT participate in the solar eclipse viewing at CHIME on 8/21/17.

I understand they will be provided with an alternative activity at that time which may involve learning about solar eclipses.

Parent name: _____

Parent signature: _____

Parent contact phone number day of event: _____