



BACKPACK BUDDIES
OF MAPLE VALLEY
FEEDING HUNGRY STUDENTS, ONE BAG AT A TIME

Dear Parents or Guardians,

We are pleased to announce that the Backpack Buddies program will be offered throughout the summer break. Backpack Buddies of Maple Valley is a program designed to provide weekend nutritional supplementation. Participating students will receive an unmarked bag of nutritious food that may include pasta, soup, juice, oatmeal, snack crackers, and granola bars. Bags will need to be picked up at our **packing location** once a week. Only the president of Backpack Buddies will have your information.

Please fill out the bottom of this form and return it to your school counselor and they will forward it to Mindy Gamble (Backpack Buddies President).

Please feel free to contact me if you have any questions.

Warmly,

Mindy Gamble, Backpack Buddies President

Ph: 206-714-4734 Email: mindygamble22@gmail.com

Packing Location: 22659 Sweeney Rd SE, Maple Valley Pick up between 8:30am – 8:30pm

Please fill out the following information and have your child return it to their school counselor. Include name(s) of child/children who attend school who you would like to participate in the Backpack Buddies program.

Student Name _____ School _____

Student Name _____ School _____

Student Name _____ School _____

Student Name _____ School _____

I give permission for my child/children to participate in the Backpack Buddies Summer Program. I understand we will have to pick up the bag of food on Thursday of each week during summer break (10 weeks). I also give permission for the counselors to share this information with the president of Backpack Buddies for the sole purpose of assisting with the food distribution. I will also contact the president in the event I can't pick up one week.

In addition, I agree to hold and save harmless Backpack Buddies of Maple Valley, the Tahoma School District, its School Board and employees, and assigns for any claims, suits or damages, (including but not limited to defense and indemnification) which might result from my participating in the above-described program.

Parent/Guardian name (print) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Phone # _____

Email _____

Allergies _____ Dietary Needs _____

~~~~~ Please try to return form to your school by June 1<sup>st</sup> ~~~~~