

MARQUEE BIRTHDAY WISH

Today's date: _____ Date to Post: _____

Child's name: _____
(Please print name to be on marquee.)

Child's birthdate & favorite color: _____

Parent/guardian name: _____
(Please print)

Parent/guardian signature: _____

(Please submit form to office with \$20.00 cash or check made payable to
NHMS ASB, 3 days in advance of child's birthdate-date to post.)