



WSM Parent Informational Sheet ::

Date :: _____

Name of Parents :: _____

Address :: _____ City :: _____ Zip :: _____

Phone Number :: (home) _____ (cell) _____ (cell) _____

I would like to receive text messages from WSM? This will keep you up to date on what's going on with WSM. If you checked this box please give us your cell phone provider ::

Provider :: (ex. at&t, Verizon) _____

Name of Child :: _____ Age :: ____ Current Grade :: _____

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Resources, Skills, and Abilities ::

There are many of you parents that have brought it to our attention that you have "something" that you would like to make available to WSM. So check only the boxes of what you have and or can do, also know that by checking the box you are willing to share with us ::

House / Cabin :: Location :: _____

Pool :: Location :: _____ Boat Houseboat Jet Ski / Seadoo

Vehicle :: Make / Model :: _____ Number of Seats :: _____

Cooking / Catering Sewing Medical Skills Sound / Tech / Lights

Driving Buy / Make food for events Chaperone Set up / Tear down events

Do you have any special skills or talents that we would benefit from :: _____

Do you own a business that would be beneficial to the youth :: _____

Other :: _____