



# Lake Washington Schools Foundation

Invest in students. Invest in our future.

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*(please print)*

School(s): \_\_\_\_\_

Participant Signature: \_\_\_\_\_  
*(if over 18 years of age)*

Parent/Guardian Signature: \_\_\_\_\_  
*(if under 18 years of age)*

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

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