

Please complete application (Please use a pen and press firmly):

			Toddler Child	Male Female
Date		Running Shoe size	Adult	(Circle All That Apply)
Name of Student				
Address				
Home Number	Cell	Parent Name		
School	Grade Level	Parent Signature		
Montana's Future, and/or He ☐ I opt out to having my child	onsent to any photographs of your child receivelena Police Department. To opt out, check the shotographs used by Angel Fund, Running	he box below. For Montana's Future, and/or Helena F	Police Department	for promotional purposes.
-	ool Representative or SRO)			
School Representative's N	Name/Position			
■ Student: Plea	se TURN APPLICATION INT			rent/guardian.
Running sho	oes will be purchased and delive	ered to the student.		
	FOR (
Merchant:		Total: \$		