

**SILVA VALLEY ELEMENTARY
YOUR NAME IN LIGHTS!
INFORMATION FORM**

STUDENT'S NAME: _____

(ONLY FIRST NAME AND LAST INITIAL WILL APPEAR)

PARENT'S NAME: _____

CONTACT PHONE: _____

BIRTHDAY: _____

DATE YOU'D LIKE MESSAGE TO RUN: _____

(IF BIRTHDAY IS OVER THE WEEKEND, MESSAGE CAN RUN FRIDAY OR MONDAY)

AGE OF STUDENT: _____

IS THIS YOUR CHILD'S HALF BIRTHDAY?: YES / NO (CIRCLE)

"YOUR NAME IN LIGHTS!" BIRTHDAY RECOGNITION PROGRAM IS SPONSORED BY THE SILVA VALLEY PTA. THE COST FOR EACH MESSAGE IS \$20. PLEASE ATTACH CASH OR A CHECK MADE PAYABLE TO SVPTA TO COMPLETED FORM AND SUBMIT TO THE OFFICE 7 DAYS PRIOR TO YOUR CHILD'S BIRTHDAY.

For Office Use Only: check cash

Date received: