



**PLEASE JOIN US!**  
**Parents & Family members**  
**WHO WANT TO VOLUNTEER FOR THE :**  
**LIHOLIHO SCHOOL FLU CLINIC**

you WILL BE PART OF a very important GROUP

THE  
**FLU**  
CREW

escorting STUDENTS TO and FROM THE CLINIC

- **WHEN:** FRIDAY, NOVEMBER 06, 2015
- **TIME:** 7:50 a.m. TO 11:00 a.m.
- **WHERE:** LIHOLIHO LIBRARY
- **REFRESHMENTS:** PROVIDED

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**FLU CREW VOLUNTEER**

**YES! I WILL VOLUNTEER FOR THE FLU CLINIC ON FRIDAY 11/06/15**

MY NAME \_\_\_\_\_  
MY PHONE # \_\_\_\_\_  
MY CHILD'S NAME \_\_\_\_\_  
CLASS ROOM \_\_\_\_\_

Please return form to the office via your child's classroom by Friday, October 16, 2015