



WatchDOGS
Registration Form
for



Pope Elementary School

Name: _____

Email: _____
(ONLY used to communicate WATCH D.O.G.S.® updates)

Address: _____ City: _____

Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Student Name(s):

Homeroom Teacher(s):

 (Signature) (Date)

What position(s) interests you? _____

Days/Time: _____

Frequency: (Daily/Weekly/Monthly) _____

Please return this form to one of the following locations:

1. Scan and email to **Beth Simpson - simpsbr@puyallup.k12.wa.us**
2. Fax to **Pope, Attn: Watch D.O.G.S. (253)840-8684**
3. Mail to **Pope, C/O Watch D.O.G.S., 15102 122nd Ave. E., Puyallup, WA 98374**
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact **Manasi Cedergreen at (253) 841-2326**

Verification by Hunt Volunteer Coordinator
Approved on: _____ Expires on: _____