

Student's Name _____

Teacher's Name _____

Oliver Hoover United Way Support Month October 2014

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1	2	3 Goofy Glasses Day \$1 <input type="checkbox"/>
6 Mustache Day \$1 <input type="checkbox"/>	7 Tacky Tourist Day \$1 <input type="checkbox"/>	8 Crazy Hat Day \$1 <input type="checkbox"/>	9 Favorite Hobby Dress Day \$1 <input type="checkbox"/>	10 Hispanic Heritage Dress Up Day \$1 <input type="checkbox"/>
13 Backwards Day \$1 <input type="checkbox"/>	14	15	16 Dress like my favorite <input type="checkbox"/> Teacher Day \$1	17
20 Favorite Cartoon T-Shirt Day \$1 <input type="checkbox"/>	21 Show	22 Show	23 Silly Sock Day \$1 <input type="checkbox"/>	24 No School Teacher Planning Day
27 Favorite Team Sports T- Shirt Day \$1 <input type="checkbox"/>	28 Twin/Triplet Day \$1 <input type="checkbox"/>	29 Wear a Funky Bow Tie Day \$1 <input type="checkbox"/>	30 Wacky Hair Day \$1 <input type="checkbox"/>	31 Costume Dress Up \$1 <input type="checkbox"/>

Events are Voluntary: Parents all of these activities are voluntary. Please check all the boxes your child will participate in and attach the total amount to calendar. Do not forget to include your child's name.

Student Total \$ _____

Once Again, thank you for your support!!!