

**Glen's Gang – Newsletter and Pen Pal Group
Permission to Join**

By signing and returning this form, you are giving permission as parent/guardian for the following child to enroll in "Glen's Gang", a newsletter and pen pal group for children with vascular birthmarks, sponsored by VBF and SWSC.

Child's Full Name:

Age: _____

Full Name – Parent/Guardian:

Signature: _____

Address:

Street: _____

City _____ State _____

Zip Code _____

Phone: (_____) _____

Email: _____

_____ I would like my child to receive Glen's Gang Newsletter by postal mail at the above address.

Return completed form to:

SWSC

P.O. Box 24890

Lexington, KY 40524-4890