

DIGGING WELLS FOR HOPE, Inc.  
Information Sheet and Consent



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address (if different than yours) \_\_\_\_\_

Home Phone (if different than yours) \_\_\_\_\_

Cell Phone /Who? \_\_\_\_\_

Cell Phone /Who? \_\_\_\_\_

Organization (if any) \_\_\_\_\_

Organization Contact Name \_\_\_\_\_

Organization Contact Home Phone \_\_\_\_\_

Organization Contact Cell Phone \_\_\_\_\_

What is the best way to communicate with you? Check one.

☺ Letter ☺ e-mail ☺ Phone (which one?) \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



My child \_\_\_\_\_, has my permission to sell  
(Print Child's name – if applicable)

pencils for Digging Wells For Hope, Inc. I accept financial responsibility for all pencils and all money collected. I also understand and agree that if I do not pay for the pencils sold by my child or return the pencils and all money collected and donated, collection action can be taken against me. I agree to be responsible for all costs incurred in such collection, including court costs, and reasonable attorney's fees. I agree that Lancaster County courts will have jurisdiction and venue for the purposes of collection.

\_\_\_\_\_

Print Name of Parent or Guardian      Initials      Date

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Address (Street)

\_\_\_\_\_

Address (City, State, Zip)

\_\_\_\_\_

Phone Number

\_\_\_\_\_

e-mail address

Date: \_\_\_\_\_

Staff initials

Seller initials

Pencils # accepted:

Amount \$ due:

\*\*\*\*\*

Date: \_\_\_\_\_

Pencils # returned:

Amount \$ returned:

\*\*\*\*\*

Date: \_\_\_\_\_

Pencils # accepted:

Amount \$ due:

\*\*\*\*\*

Date: \_\_\_\_\_

Pencils returned:

Amount \$ returned: