

Grinch a Friend

Your Name: _____

Anonymous Placement? Yes No How many Days: 1 2 3 4 5

Who are you Grinching: _____

Address: _____

*Remember this is only for residents in Rugby

Please return this form and your payment for the Grinching action to the Rugby High School office by mail of delivery.

\$15 per day

Checks can be made out to Rugby Public Schools.

Grinch Insurance

Name: _____

Address to Insure: _____

Amount of Insurance

1 Week - \$10 **2 Weeks - \$20** **All Month - \$25**

Please return this form and your payment for the Grinch Insurance to the Rugby High School office by mail of delivery.

Checks can be made out to Rugby Public Schools.