

# Proposed Events for Kolb Elementary School

The following events were suggested by parents during the survey period at the end of last school year. These suggested events will need event coordinators who will help organize the event and volunteers to help run the event. Please fill out the volunteer information sheet below by checking the box in front of the event(s) you are interested in coordinating or volunteering for. Please also be aware that these events are proposed, and have not been approved yet. The possible scheduling of these events is to be determined.

Thank you!

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| <input type="checkbox"/> Cultural Event (Multicultural Fair, other)<br><input type="checkbox"/> Father-Daughter Dance, Dance Event<br><input type="checkbox"/> Math Olympiad<br><input type="checkbox"/> Destination Imagination<br><input type="checkbox"/> Math Fair<br><input type="checkbox"/> Engineering Fair<br><input type="checkbox"/> STEM Fair/Activities<br><input type="checkbox"/> Student Crafts Fair to earn money for school<br><input type="checkbox"/> Promote Amazon Smiles<br><input type="checkbox"/> Board Game Night<br><input type="checkbox"/> Family Bingo Night<br><input type="checkbox"/> Family Campout<br><input type="checkbox"/> Family Picnic<br><input type="checkbox"/> Talent Show: Kolb students have the opportunity to audition and, if chosen, perform their talent for the Kolb community. Will need 3 event coordinators to work alongside teachers | <input type="checkbox"/> School Carnival<br><input type="checkbox"/> Sports Day<br><input type="checkbox"/> Fall Festival<br><input type="checkbox"/> Halloween event<br><input type="checkbox"/> Turkey Trot with Run Club<br><input type="checkbox"/> Mentoring and Peer Tutoring<br><input type="checkbox"/> After-School Garden Club<br><input type="checkbox"/> School Recycling Program<br><input type="checkbox"/> Kid powered events (planned and run by kids)<br><input type="checkbox"/> additional public speaking opportunities<br><input type="checkbox"/> Ice Cream Social<br><input type="checkbox"/> Bingo Night<br><input type="checkbox"/> School Garden |
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Parent Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Child Name(s)/Grade/Teacher: \_\_\_\_\_

Comments: \_\_\_\_\_

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