



**SANTA CLARITA YOUTH GROVE
Information/Photo Release**

Please complete and return this form (and photo, if applicable) to the City of Santa Clarita.

I voluntarily agree to have my child's name included in the Santa Clarita Youth Grove in Central Park. In addition, I hereby give permission to the City of Santa Clarita and the Blue Ribbon Task Force to use the information checked below, and I understand that I will not receive payment of any kind.

I also understand that names and information are added to the project once a year.

For brochures, video and awareness/education materials

- Ok to use both photo and info*
- Use info only; no photo*

For banners (displayed at the site during the Annual Evening of Remembrance and other events)

- Ok to use photo*

Signature

Phone

Printed Name

Address

City

State

Zip

Child's full name: _____ Child's nickname: _____

Name pronunciation guide: *(first, middle, last)* _____

Birth place: _____ Birth date: _____ Angel date: _____ Age: _____

SCV school(s) attended: _____

Hobbies, interests and dreams: _____

Brief description of how and where your child was killed: _____

Child's Photo: Enclosed. *(Please provide the best quality 5"x7" or 8"x10" color photo you have. Photo will be returned to you.)*

Please mail completed form and picture to:
City of Santa Clarita - Community Services Division
20880 Centre Pointe Parkway
Santa Clarita, CA 91350
(661) 250-3708 / (661)250-3730 Fax