

Liholiho's Food Day & Fitness Fair

Friday, October 17, 2014

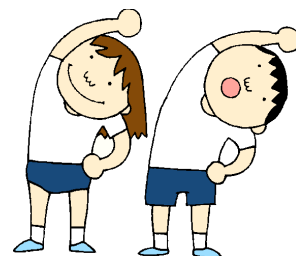
8:00 a.m. – 11:00 a.m.

Students will visit 6 different locations where they will experience cooking and food demonstrations by Chef Matt Young of Hula Grill and members of Les Dames d'Escoffier International; food tasting; and participate in various physical activities with our PE teachers and Ms. Denise Darval-Chang, Hawaii Department of Education PE/Health resource teacher. Students will be advised to put on sunscreen, athletic shoes, and hats as activities will be held outdoors. Students will resume their regular school schedule immediately following the end of this program and return to their classrooms.

School will end at 2:15 p.m. on October 17, 2014.

Parent help is requested to assist at various stations on this day. Parent volunteers will need to check in at the library by 7:15 a.m. on October 17 to receive specific instructions and stay until the end of the program. Please complete the form below and return if you are able to help. First five volunteers to email me will have parking passes for this event. Any questions can be forwarded to Iris Salazar at 733-4859, 733-4850 or Iris_Salazar@notes.k12.hi.us via email.

Parents are invited to attend the Food Day & Fitness Fair. However, due to food sampling, we need to know how many will be attending. If you are joining us, please indicate below so we have enough samples for everyone.



If you are an individual with a disability, please contact Liholiho Elementary School at 733-4850 to make arrangements for reasonable modifications and accessibility to school events at least 10 days in advance to the event you wish to attend. Reasonable efforts will be made to accommodate your request.

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Volunteer Sign Up and Parent Participation Form

___ Yes, I will attend. Names of adults attending: _____

___ Yes, I can help with food demo/tasting. Name: _____

Daytime Phone: _____ Email: _____

___ Yes, I can help with fitness activities. Name: _____

Daytime Phone: _____ Email: _____

Child's Name: _____ Grade/Room: _____

Please return completed form to the PCNC via your child's teacher by **Friday, October 3, 2014.**