



Alligator Festival of Lake City Florida, Inc.
 P.O. Box 1962
 Lake City FL 32056-1962
 alligatorfest.org

REQUEST FOR ABSENCE

To: _____

Today's Date: _____

The Board Members of the Alligator Festival of Lake City FL, Inc., a 501(c)(3) Public Charity,
 and the parent/legal guardian of _____
 request that s/he be excused from _____ on the following dates:

to participate at this year's Alligator Warrior Festival, because this event directly relates to her/his
 heritage and because s/he has offered to volunteer at the event.

The festival will take place at:
 O'Leno State Park, 410 S.E. Oleno Park Road, High Springs, Florida 32643
 The public hours run from from 9:00 am to 5:00 pm
 Friday, October _____ to Sunday, October _____, _____

The alligator Festival is designed to be an educational and community building event that shows
 how the Native Americans, African Americans and European Americans lived and worked in our
 community in the early 19th century. We invite you to visit our web site if you require additional
 information about the event or our organization.

 Secretary, Alligator Festival Board
 secretary@alligatorfest.org

 Signature of Parent or Legal Guardian
 Daytime Phone # _____