



JOIN US FOR

CALDERA KITCHEN: WINTER FEAST

What: Work together to create an epic winter feast! Wieden+Kennedy chef Joe Moreno (aka Mirepoit) will be your guide as we plan, shop, prepare, and feast on a delicious and nutritious meal. With help from Ram, you will also film parts of the process for a cooking segment on the upcoming "Big Up Show!" which will air on TV later this year.

When: Saturday, January 23, Noon–5 p.m.

Where: Wieden+Kennedy (224 NW 13th Ave., Portland, OR 97209)
Accessible via TriMet. TriMet tickets available from Ram upon request.

CALDERA ACTIVITY PERMISSION SLIP

Contact: Ram at 503.360.7885 or Randall.Malcolm@CalderaArts.org



YOUR CHILD IS INVITED TO ATTEND: Caldera Kitchen: Winter Feast

NOTES Space is limited. RSVP with Ram to save your spot!
 Lunch will be provided.
 TriMet tickets are available from Ram upon request.

DATE Saturday, January 23

TIME Noon–5 p.m.

LOCATION Wieden+Kennedy (224 NW 13th Ave., Portland, OR 97209) Accessible via TriMet.

I give permission for my child (please print legibly)

to attend Caldera Kitchen: Winter Feast

on Saturday, January 23

STUDENTS MUST BRING THIS PERMISSION SLIP TO THE ACTIVITY.

MEDIA RELEASE

I give Caldera permission to include my child and his/her artwork (visual and written) for unlimited promotional and advertising purposes in perpetuity (i.e., brochures, newsletters, consumer print, broadcast, books, Internet, retail, events, etc.). Caldera is a nonprofit organization that nurtures individual creativity through art and nature programming. We promote our programs in order to continue to serve young people. The materials will in no way exploit children or our programs.

Unless I check a box below, by signing this release agreement, I agree to allow my child to be photographed or interviewed by the media and permit Caldera to use my child's artwork in promotional materials.

IF THEY APPLY, PLEASE CHECK BOXES:

My child is in foster care

I do not give permission for my child to be filmed or photographed

MEDICAL INFORMATION

Please list any allergies. Include medications, food and insects:

Other health concerns:

Please list any medications your child will be taking during the Intensive:

In case of an emergency, I give permission for my child to receive medical treatment Yes No

PLEASE PRINT LEGIBLY

STUDENT NAME: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____