SCHOOL'S NAME PERMISSION SLIP

Your child's class	will be attending:		
	<u> </u>		
Date			
Time			
Place			
Location			
Cost per Person			
_			
I give permission for my child		Grade/Class	
To attend the field t	rip from	to	
In case of an emerg	ency, please contact:		
Name		Phone Number	-
Signature of Par	ent/Guardian	Date	_