FAIRPORT SUMMER PERFORMING ARTS CHILDREN'S THEATER PICK-UP PERMISSION SLIP

____ from theater camp on

| I, | | give permission for my child |
|----|---------------------------|------------------------------|
| | (parent or guardian name) | |
| | | to be picked up by |
| | (child's name) | |
| | | |

(authorized person picking up child)

(date)

(parent signature)

(date)

