

PURE MARTIAL ARTS FITNESS ACADEMY SUMMER ACTIVITIES CAMP w / Karate 2017

TRIP PERMISSION SLIP

7(Please fill out separate slips for each Camper)

I am the parent \ guardian of _____ . I grant permission to Pure Martial Arts Fitness Academy to take my child\children on a trip (14) to the **Bowtie Cinemas, Trumbull, CT** on July 18, 2017 to see **Ice Age "Collision Course"**. I do understand that he \ she \ they will be transported by Pure Martial Arts Fitness Academy, Inc. The expected departure time is 9:00 a.m. with an expected return time by 12:00 p.m. for lunch. Important numbers: **PMAFA – 368-0773, Master P – c:203-727-7421, Ms. Georgina – c:330-881-0113**

Parent\Guardian (print name)

Signature

Date

Tear at perforation and keep this copy for your records.

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