

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

TRIP (16) PERMISSION SLIP

(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 (16) to **Seaside Park for Kids Sports Day** on July 21, 2017. This event is sponsored by the City of Bridgeport Lighthouse Program and is not public. PMAFA is a guest sports demonstrator as are many other vendors. I do understand that he \ she \ they will be transported by Pure Martial Arts Fitness Academy, Inc. The expected departure time is at 9:15 a.m. and returning by 3:00 p.m. Important numbers: **PMAFA – 368-0773, PMAFA Student Phone - 367-8286, Master Purefoy – c-727-7421 Ms. Priscilla – c:203-394-7467, Ms. Georgina – c:330-881-0113, U Dan Ja Nim Khyna c:203-278-7443**

Parent\Guardian (print name)

Signature

Date

Tear at perforation and keep this copy for your records

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2013 Kids Day



Trip 15 Charles Island

