

P.M.A.F.A  
SUMMER ACTIVITIES CAMP  
w / Karate 2017



TRIP 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 Summer Activities Camp to take my child\children on a trip to the **Shelton Sports Center, Shelton, CT** on Friday, July 7, 2017. I do understand that he \ she \ they will be transported by Pure Martial Arts Fitness Academy, Inc. The expected departure time is 9 a.m. with an expected return time of 12 p.m. Important cell numbers are as follow: **PMAFA – 368-0773, 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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