

PURE MARTIAL ARTS FITNESS ACADEMY  
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 to take my child\children on trip (10) to the **UI's Smartliving Center in Orange, CT** on July 10th. I do understand that he \ she \ they will be transported by Pure Martial Arts Fitness Academy, Inc. The expected departure time is 1:00 p.m. with an expected return by 3:30 p.m. Important numbers: **PMAFA – 368-0773, PMAFA Master Purefoy – c:727-7421, Ms. Priscilla - c-203-394-7467**

\_\_\_\_\_  
Parent\Guardian (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



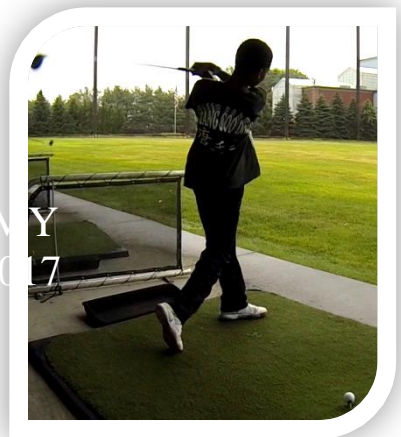
*Tear at perforation and keep this copy for your records.*

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Camp Trip 9

