



2013 'Think Big' Tour

Field Trip Permission Slip

Dear Parent or Guardian,

Your child's class will be attending a live, interactive, educational musical concert featuring the Emmy Award winning Disney stars, Imagination Movers. Please read the information at the top of this form, then sign and return the completed bottom portion by: _____

FIELD TRIP INFORMATION

Date: _____ Location: _____

Cost: Performance: \$_____ Transportation: \$_____ Total Cost \$_____

Checks payable to: _____

Means of Transportation: _____

Depart from school: _____ Return to school: _____

Additional Instructions:

cut _____ cut

(Child's Name) _____ has my permission to attend
2013 *Imagination Movers 'Think Big' Tour* on (Date) _____ at
(Location) _____

Enclosed please find a check or cash in the amount of \$_____ to cover the cost of the trip.

I give permission for _____ to receive emergency medical
treatment. In case of emergency, please contact:
Name: _____ Phone: _____