



2019 LINDA VISTA VARIETY SHOW PERMISSION SLIP

NAME: _____

GRADE: _____

TEACHERS NAME: _____

GROUP MEMBERS NAMES: (IF PERFORMING IN A GROUP)

PARENT'S NAME: _____

PARENT'S PHONE NUMBER: _____

PARENT'S EMAIL: _____

🎬 I HAVE READ THE SHOW REQUIREMENTS AND I AM ALLOWING MY CHILD 🎬
TO PARTICIPATE IN THE 2019 LINDA VISTA VARIETY SHOW

PARENT SIGNATURE: _____

PERMISSION SLIP DUE BY MAY 15TH