

Hope Dealer University
Lancaster, SC

Permission Form

EVENT NAME: _____

DATE OF EVENT: _____

BEGINNING TIME: _____ ENDING TIME: _____

I give permission for my child, _____

(*child's name*) to go to _____

(place) on _____ (*date*) with

_____. I

understand that transportation will be provided by _____

_____ (*Method of Transportation*). During

the event, I can be reached at _____ (*Your*

phone number and or emergency contact).

In the event that you are unable to contact me, please contact:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Signature

Date