

Hotel Transylvania (PG) Permission Slip



PLEASE PRINT YOUR CHILD'S NAME:

_____ has my permission to attend the viewing of
Hotel Transylvania on **Friday, October 16th** in the auditorium.

I understand that my child needs to be in the auditorium by 2:10pm and must be
picked up at 4pm.

Signature of parent or guardian _____

Emergency phone # _____

Use **1** staple to attach a \$2 donation to the **Breast Cancer
Research Foundation** here: Please do not attach envelopes or
plastic bags. You may bring your own snacks or purchase candy and water in the
lobby! Thank you!

X Staple check or cash here