

PERMISSION SLIP
To see

“A Midsummer Night’s Dream”
By the Hot Springs Children’s Dance Theater Company

Your child has been selected to join a group of students to see the Hot Springs Children’s Dance Theater Company’s production of “A Midsummer Night’s Dream”. To take advantage of this opportunity, please read this form, sign, and return to Instructor _____ **Date**_____.

Field Trip Information

Date: Tuesday, May 21, 2024.

Location: The Woodlands Auditorium 1101 Desoto Blvd. Hot Springs Village.

Purpose: To see the Hot Springs Children’s Dance Theater Company’s production of “A Midsummer Nights Dream.”

Cost: \$10.

Means of Transportation: We will ride as a group on a school bus.

Leave school: _____ **Arrive back at school:** _____

Lunch: We will eat: _____.

Indicate the type of lunch your child will be having (check one):

_____ I will provide a sack lunch for my child that includes a drink (no glass please).

_____ My child will eat a sack lunch purchased from the school. My school lunch # is _____.

(Child’s Name) _____ has permission to attend a field trip to see “A Midsummer Night’s Dream,” at LakePointe Church in Hot Springs on Tuesday, May 21, 2024.

I give my permission for (child’s name) _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Printed name of Parent/Guardian: _____