Transportation Consent Form

We,	and		
Address:		Mother Primary Phone:	
		Second Phone:	
City declare that we are the lega	State Zip I parents/guardians of:		
		, born on	<u>/ / </u>
City	State		Build
Matthews, John Gibson, Jo Training program. They will area and back. This travel we limit the event that our child rany of the above mentioned stead. Any questions regarding this	be traveling to a camp in	Texas, then to the good June and/or July, 20 all treatment and we do to consent to med	reater New York City 024. cannot be reached, dical treatment in our
Father's Signature		Date	1
Notary for Father		/ / My Commission Expires	-
			1
Mother's Signature		Date	
Notary for Mother		/ / My Commission Expires	-
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