

Permission Form

Destination Imagination Team Practice:

Meeting Day(s): _____

Meeting Time: _____

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I (parent/guardian) _____ give my permission for (youth's name)
_____ to attend DI team practice to be held at (location)

on (dates) _____.

I understand transportation will be provided by _____

During this event I can be reached at: _____

In the event you unable to reach me, please contact:

Emergency Contact Name: _____

Emergency Contact Number: _____

Parent Signature

Date