



**PERMISSION
FORM**

**I GIVE PERMISSION FOR MY CHILD / REN TO ATTEND THE SISTERHOOD MOVIE & SLEEPOVER
EVENT RUNNING FROM THE 13TH - 14TH OF JULY 2022 AT 67 HOWE STREET, OSBORNE PARK.**

CHILD / REN'S NAME: _____

PARENT / GUARDIAN NAME _____

PARENT / GUARDIAN MOBILE: _____

PARENT / GUARDIAN SIGNATURE: _____