

EARTHPLACE AUTHORIZATION RELEASE FORM

(Please complete in ink only.)



I authorize the following person:

Name: _____ Relationship to Child _____

Home Phone: _____ Cell: _____

Address: _____
(Street) (City, State) (Zip)

To pick up my child _____ from Earthplace

() for the summer

() for the following date(s) _____

(Signature)

(Please Print Name)

(Date)

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