

Hampton Bays Public Library Teen Community Center
52 Ponquogue Avenue
Hampton Bays, N.Y. 11946
teen@hamptonbayslibrary.org
(631) 728-6241 x120/121

Parental/Guardian Authorization Form for Chaperoned Teens

MUST BE SUBMITTED BY THURSDAY, OCTOBER 12TH @ 9PM. NO EXCEPTIONS.

Program name: Medieval Times

Destination: 149 Polito Ave, Lyndhurst, NJ 07071

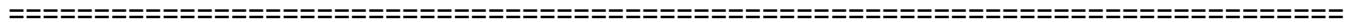
Date/Time of event: Saturday, October 14th; 3PM-9PM.

Bus pick-up at the David W. Crohan Community Center.

Description of event: Visiting Medieval Times to enjoy the tournament and dinner.

**This form must be completed and returned before the teen will be permitted to participate in the above-mentioned trip.*

Detach and Return



Program name:

I/We authorize _____ to participate in the above-mentioned program.
[Teen's first and last name]

Signature of Parent(s) or Guardian(s)

Date

Telephone Number (include area code): _____