



Accredited by the Middle States Association/Council on Elementary and Secondary Education

Bridgehampton Union Free School District

P.O. Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932
Telephone: (631) 998-1300 www.bridgehamptonschool.com Facsimile: (631) 998-1381

FIELD TRIP PERMISSION FORM

DATE June 8th WE ARE PLANNING A FIELD TRIP

TO Astor Place Theatre (Blue Man Group)

TRANSPORTATION WILL BE PROVIDED AND THERE WILL BE ADEQUATE SUPERVISION. IF YOU WISH TO HAVE YOUR CHILD TAKE PART IN THIS ACTIVITY, PLEASE INDICATE BELOW. SIGN AND RETURN TO US AS SOON AS POSSIBLE.

PURPOSE OF THIS FIELD TRIP IS: Blue Man Group Performance

DEPARTURE TIME: 12:00
RETURN TIME: 7:00

YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING:

\$ for food

TEACHER(S) D. Elliott, S. Conklin, TBA

Please fill in permission slip below. Tear on dotted line below and return to school.

STUDENT NAME _____ HAS MY PERMISSION

TO GO ON THE FIELD TRIP TO Astor Place Theatre ON (DATE) June 8, 22.

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING:

PRIMARY CONTACT

NAME: _____ RELATIONSHIP: _____

Address: _____ Telephone: _____

ALTERNATE CONTACT

NAME: _____ RELATIONSHIP: _____

Address: _____ Telephone: _____

SIGNATURE OF PARENT OR GUARDIAN _____