



**PUPPET TEAM SCOPE  
PERMISSION FORM**

**PRACTICE EVERY TUESDAY  
7:30-8:00 AM ROOM: 306**

**OPEN TO 3RD--5TH STUDENTS**

**STUDENT NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PARENT SIGNATURE :** \_\_\_\_\_

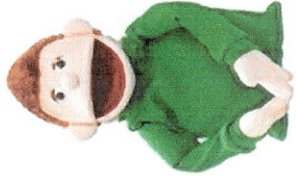
**TEACHER:** \_\_\_\_\_

**1ST MEETING ON OCTOBER 6TH**

**ENTER BUILDING THROUGH  
GYM SIDE DOOR**

**PLEASE BE ON TIME!**

**RETURN THIS FORM  
TO  
MR. BROCK**



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