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Name: _____

Test Mom/Test Dad number (if applies): _____

Child #1 Name / Age in photo: _____

Child #2 Name / Age in photo: _____

Child #3 Name / Age in photo: _____

Child #4 Name / Age in photo: _____

Adult in photo – Name: _____

Relationship to Child: _____

Complete mailing address: _____

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Email address: _____

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Date: _____

PLEASE FORWARD PHOTO along with this permission form. Thanks!

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Elizabeth Pantley, Author

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