

CUPCAKES & CONVERSATION

Parental Permission Form

I welcome your child to the Cupcakes & Conversation event and am very excited your daughter has chosen to participate. I assure you that I, along with our sponsors and vendors are committed to making this a rewarding and educational experience.

I recognize this may be your daughter's first introduction to cancer topics and women's health. Therefore, your written permission is necessary to register for this event. Please complete the section below. and have your daughter return the form at registration on the day of the event.

Please submit this form at registration on the date of the event.

I _____ the parent/guardian of _____
give permission for my daughter to attend the Cupcakes & Conversation event on Saturday,
October 26, 2019 at the Nancy N. and J.C. Lewis Cancer & Research Pavilion.

Printed Name: _____ Signature: _____

Date: _____