

# Spotlight Youth Theatre Arizona

## Terramar Academy of the Arts – After School Activity

**10 weeks, Beginning Wednesday, March 5 (3-5pm)**

Student Name \_\_\_\_\_

Student Grade (3-8 eligible) \_\_\_\_\_ Teacher \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Parent Phone Number(s) \_\_\_\_\_

I give permission for my student to participate in the Spotlight on Youth Theatre Arizona activity group after school on Wednesdays, beginning on March 5<sup>th</sup> and continuing for 10 weeks (excluding the week of spring break). I understand that the classes will meet once per week, beginning at 3:00 p.m. and ending promptly at 5:00 p.m. I also understand that it is my responsibility to arrange transportation for my student.

\_\_\_\_\_

Parent Signature

***Please return this permission slip to your child's teacher or to the front office by  
February 28, 2014.***