



PERMISSION FORM

I give permission for my child _____ to
participate in *Adventures in Retro- Gaming* on Tuesday, July 16, 2024, 7 - 9 PM

In case of emergency,

I can be reached: _____, _____

(Cell phone #)

(Home #)

Emergency contact person if I cannot be reached:

(Name)

(Phone #)

Who will be dropping off and picking up? _____

Parent/Guardian's Signature

Additional Notes:

- **Address: Game On Retro Arcade 200 Tanger Mall Dr Suite 405 Riverhead, NY**
- **Drop off at 7 pm sharp and pick up at 9 pm sharp. Please be on time. Thank you!**