

Larry J. Ringer Library
Teen Summer Reading
Special Effects Disaster Makeup
Permission Slip

Name of Event: Special Effects Disaster Makeup Demonstration (Teen Session)

Location of Event: Larry J. Ringer Public Library, 1818 Harvey Mitchell Pkwy. S., C.S.

Event date: Monday, June 14, 2010 Time: 6:30 to 8:00 p.m.

I hereby give _____ permission to volunteer during this event.
Youth's Name

Some volunteers from the audience will be selected to have special effects makeup applied. This makeup will make it appear as though the person has been injured, up to possibly looking as though the person has lost a finger. By signing this form, I give my permission for my child to have such makeup applied.

The demonstration may damage clothing. The clothing my child is wearing is not something that we mind having damaged; potential volunteers are advised to wear old clothing for this reason.

Date Parent Signature

Please list your contact information, especially if you will not be in the library.

Phone: _____ Alternate Phone Number: _____

Email: _____

Please return this form to the Reference Desk at Larry J. Ringer Library or bring it with you to the Larry J. Ringer Library meeting room at the beginning of the event. If you have questions, please contact Kendra at the Larry J. Ringer Library Reference Desk at (979) 764-3416.