

Newark Arts Alliance
276 E. Main St., Ste. 102, Newark, DE 19711
www.newarkartsalliance.org

Permission Slip

I _____ give permission for my child
named _____, age _____ to attend
the **Figure Drawing sessions** at the Newark Arts Alliance, which
features nude models, both male and female. I am the legal
guardian/parent of this child.

Date: _____

Signature: _____

Phone: _____

Email: _____