



The Association of Catholic Student Councils
86 Cityview Drive
Daly City, CA 94014-3400
Phone and FAX# 415-584-9877

This is a fill-in form.

Please type in your information. Copy the form, and mail it along to the TACSC Office with your fees and other forms.

Note of Permission

Dear Miss Thickett:

_____ has my permission to attend The Association of Catholic Student
(Student's Full Name)
Councils Summer Leadership Training Program at Claremont McKenna College in Claremont, CA from July 15
through

July 19, 2009.

I assume all responsibility for transportation to and from the Conference site.

Respectfully,

(Parent Signature)

(Date)

**PLEASE NOTE: No student will be allowed to leave the campus during the Conference.
No early Departures! No going and coming from the conference!**