

**Yes, I want to join The Traveler's Trunk Fan Club! Print this form and return it with the permission slip below to: Traveler's Trunk Publishing
c/o Amanda Litz
15071 Hanna Ave Ne
Cedar Springs, MI 49319**

Name

Age

Address

Permission Slip

I, (parent's name) _____ give my permission for my
son/daughter's (child's name) _____ to become a member of
The Traveler's Trunk Fan Club.

(Parent Signature)

(Date)

Please fill out phone number for parental confirmation.

Phone: _____