

YAAG – YOUNG AUTHORS AND ARTISTS GROUP

PARENTAL PERMISSION FORM

FAX TO: 856-223-9111 or MAIL TO:

**YAAGroup
PO Box 660
Ringoes NJ 08551**

I give permission for my child to join YAAG – Young Authors and Artists Group.

Name: _____

Signature: _____ Date: _____

CHILD'S INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Password (8 character minimum): _____

Birthdate: _____

PAYMENT INFORMATION:

PAY BY CHECK:

Make your check for \$35.95 payable to Young Authors and Artists Group. Send it, along with this form, to:

YAAGroup
PO Box 660
Ringoes NJ 08551

PAY WITH PAYPAL:

Fax this form to 856-223-9111 or mail to: YAAG, PO Box 660, Ringoes NJ 08551.
We will contact you when we receive your permission and give you payment instructions.

www.yaagroup.org