PERMISSION FORM – Cold Spring Harbor Library

Parent/Guardian	Signature	Date	
Emergency Contact Nam	e and Phone Number:		
In the event that you are no	ot able to contact me, plea	ase contact	
Please note: this show inc	ludes flashing lights and c	colors.	
	(emergen	cy contact phone number).	
Services librarian and othe off and pick up event. During	r Huntington Zone libraria ng the event I can be reac		,
I give permission for my ch	ild,	(Child's	
ENDING TIME: 7:30PM, pi	ickup to follow		
BEGINNING TIME: 6:00PM	VI		
DATE OF EVENT: Thursda	ay, July 18, 2024		
ADDRESS: 180 Little Neck	Rd, Centerport, NY 1172	21	
EVENT: Taylor Swift Laser	Light Show		