

TIBETAN INSTITUTE OF PERFORMING ARTS
AUTHORIZATION LETTER FOR WEEKENDS & OUTINGS

I/We Mr.Mrs.
resident of
Country.....Phone No.....
authorize the following persons:

- Mr/Mrs.
resident of.....
Relationship with the child.....
Phone noPhone No

- Mr/Mrs.
resident of.....
Relationship with the child.....
Phone noPhone No

- Mr/Mrs.
resident of.....
Relationship with the child.....
Phone noPhone No

To take our child/children:

- 1
- 2
- 3

For weekends and outings during their stay at TIBETAN INSTITUTE OF PERFORMING ARTS, Mcleodganj,
Distt. Kangra176216 H.P.

I understand that TIPA and my relatives will take utmost care of my child during the program. However,
if unforeseen tragedy strikes, I will take full responsibility.

Signature of the parents:

Date:

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