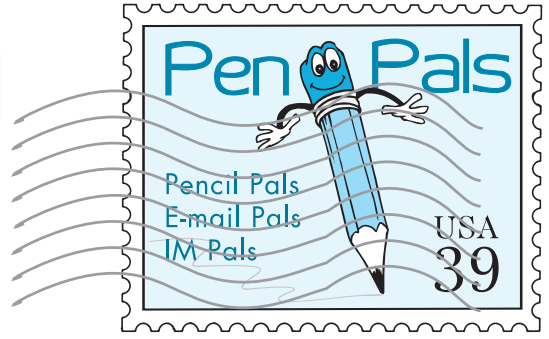


Permission Form



Parent or Guardian's Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FPEA Membership #: _____
(five-digit # on back of *Almanac*)

Parent or Guardian's E-mail Address: _____

Name of Child Requesting Pen Pal: _____

Child's Mailing Address (if different from above):

Child's E-mail Address (if to be listed in *Almanac*): _____

Child's Instant Messaging Screen Name (if to be listed in *Almanac*): _____

Pen Pal Message (maximum 75 words, including all postal and electronic addresses):



I permit the FPEA to publish any e-mail address(es) or instant-messaging screen name(s) listed in the Pen Pal Message above.

Signature of Parent or Guardian

Date