

Patient Appreciation Party Permission Slip

Patient Name: _____ Home Phone # _____

Address: _____ Cell Phone # _____

I, _____, give my child permission to attend the Cantor & Team Orthodontics Patient Appreciation Party on 1/10/26 at R/C Carlisle Commons Movies. I understand by signing this form I relieve Dr. Cantor, his staff and R/C Movie theater of any and all liability.

Parent/Guardian Signature: _____ Date: _____

Guest Name: _____ Home Phone # _____

Address: _____ Cell Phone # _____

Guest Parent/Guardian Signature: _____ Date: _____

Total # of People Attending:

Zootopia 2: _____

Wicked For Good: _____

Doors open at 9:20 am, Wicked starts 10:00 am, Zootopia at 10:30 am.

Please complete and sign the Permission Slip and email or drop off at the office by 1/3/2026.

Email: team@teamcantor.com



3 Tyler Court ~ Carlisle, PA ~ 717-243-8432