

“TEAM WORK MAKES THE DREAM WORK”

Camp-in Permission Slip

October 21, 2011: All youth 6th grade and up, are invited to join us for our annual overnight camp-in retreat. **It will begin at 7:00 PM in the Parish Hall with the monthly PB&J night.** Activities will include games, snacks, a movie and a brief worship service (this is a great opportunity for a worship note!!). **Pick-up will be at 8:30 am on Saturday morning.** Please have dinner before joining us on Friday. Also, remember to bring your sleeping bag and pillow!

Registration Fee: \$10.00 (This fee, along with the permission slip, should be given back to me directly or dropped off at the church office by 10-15-11.)

RSVP by 10-15-11

Permission Slip

My Child _____ has my permission to attend the youth group over night camp-in retreat.

He / She is in good physical condition and has not had any serious illness or operation since their last health examination.

During the activity, I may be reached at: _____.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

(Name) _____ (Phone) _____.

However, if neither of the emergency contacts can be reached, I give permission for my child to be treated by a physician and/or hospital. My child's physician is _____ (phone) _____.

Signature _____ Date _____

Please list any food allergies

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