Off Campus Activity Permission Form

Shades Mountain Baptist Church

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has permission to go on the

(Name of Child)

Spring Mission Retreat on Friday, March 13-Saturday, March 14, 2020.

(Activity) (Date of Event)

**At**: Worldsong Missions Place

Depart: 5:00 PM, March 13 Return: 3:30 PM March 14

I may be reached in case of emergency at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone/Location)

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Medical Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organization:\_\_MIT \_ Contact Person: Cynthia Moss – 205-531-1974