

YOUTH ELECTRONIC COMMUNICATIONS OPT OUT FORM

Valid for 1 year from date signed

_____ Youth Name Number	_____ E-mail	_____ Mobile
_____ Prefer Not to Say <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>
_____ School Attending Currently	_____ Grade	_____ Gender

My student may NOT receive electronic or social media communications from members or representatives of Lebanon FUMC.

Signature of Parent/Guardian
Date