

First United Methodist Church of Cocoa Beach

3300 N. Atlantic Ave, Cocoa Beach, FL 32931 Office: 321-783-8991
www.fumccb.com



Transportation Form

Date: ___/___/___

Parent/Guardian 1 Name: (Print) _____

Parent/Guardian 2 Name: (Print) _____

Address: _____

Phone: (____) _____

I/WE the undersigned parents/guardian hereby grant permission for our child(ren):

1. _____
(Child/Youth Name)

2. _____
(Child/Youth Name)

3. _____
(Child/Youth Name)

4. _____
(Child/Youth Name)

To be transported by FUMCCB to: _____
(Event and Destination)

on ___/___/___
(Event Date)

Transportation Leader: _____

If applicable, the Transportation Leader and all chaperones named above will be temporary guardians of our child(ren) as stated on FUMC CYPC 04A, Parental Consent and Medical Authorization Form.

(Parent /Guardian Signature)

(Parent/Guardian Signature)