YOUTH GROUP PERMISSIONS SLIP

I give	permission to attend
(name of yout	th)
	with the First Congregational Church of Washington.
(name of event/activit	ty)
participants. I also understa	e plans have been made to ensure the safety and welfare of all and that volunteer adults and staff will be chaperoning youth nable actions as they deem necessary to protect the best interests
Parent Signature:	
Date:	
Home Phone #:	
Call Phone #:	