

Event Date _____
Return Slip By: _____

St. Luke Lutheran Church
2695 Luther Drive
Chambersburg, PA 17202
(717) 261-1213

Permission Slip
Appendix D

1, 6 and 7 should be completed by the parent or guardian.
2 through 4 should be completed by the organizer (s) of the event.

- (1) _____ has my permission to participate in the following child/youth group activity, (2) _____ on _____.
- (3) The group will leave from the church at _____ and return at _____.
- (4) Chaperons for this event will be: _____

- (5) Your child is asked to bring _____
- (6) In case of emergency, call _____
- (7) I am willing to chaperon/drive if needed: YES NO Please circle

Signature of Parent or Guardian

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