

## Fairview Avenue BIC Permission Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

Emergency Contact Person & Phone # \_\_\_\_\_

**I give permission for \_\_\_\_\_ to go to Youth Retreat, Sept. 24-26, Three Springs in Morris, PA. Cost \$80, plus \$18 for horseback ride (optional). Meet at 4:30pm at church to leave by 5pm; return Sun. afternoon. \$20 deposit due by Sept. 8.**

I give permission to youth leaders to provide medical assistance as they deem necessary. I release them from financial & legal responsibility.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

If you do not have a Health Information Survey on file with the leaders of youth group, please obtain a copy to complete prior to this event. Contact the church, 762-3079, office@fabicchurch.org, or download one from www.fabicchurch.org.

FABIC, Feb. 2007

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