

# TRINITY UNITED CHURCH OF CHRIST

## PARENT/GUARDIAN PERMISSION SLIP

Dear Parent/Guardian:

Your son/daughter is encouraged to participate in:

**Event:** \_\_\_\_\_

This activity will take place under the guidance and supervision of two authorized/approved personnel from Trinity United Church of Christ.

**Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_

**Designated approved adult supervisors:**

1. Marcia Eisenhour                      Cell # (717)799-5048
2. Rob Hollenbach                        Cell # (717)201-5744

If you would like your child/children to participate in this event, please sign and return the permission form below.

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**Permission Form for Field Trip / Retreat Participation**

I hereby consent to participation by my child/children:

(name/names) \_\_\_\_\_

in (event) \_\_\_\_\_ on (date) \_\_\_\_\_

I understand that this event will take place away from the Trinity United Church of Christ church building and that my child/children will be under the supervision of the two authorized/approved adults. I further consent to the stated conditions on participation in this event, including the method of transportation.

\_\_\_\_\_  
(Print parent / guardian name)                      (parent / guardian signature)                      (date)