

LUTHERAN CHURCH OF THE RESURRECTION

1700 Makefield Road

Yardley, PA 19067

215-493-2018

YOUTH MINISTRY PERMISSION SLIP

I give my permission for my children to attend the following LCR sponsored event.

Name of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Time of event: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Cell Phone # \_\_\_\_\_