

ZION'S UNITED CHURCH OF CHRIST
209 CHESTNUT STREET
POTTSTOWN, PA 19464

I will not hold the sponsoring organizations or any individual participating in making this activity possible, responsible for any mishap in this project. I have filled in the participant's medical information on a separate sheet.

Signed _____

Date _____

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PERMISSION SLIP

_____ has my permission to go to
the_____.
I understand that private cars may be used for transportation and I give permission for my
son/daughter to be transported by an adult driven vehicle.
We will leave from _____
on _____, and will return approximately

(Parent or Guardian)

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