



CUMC HIGH SCHOOL YOUTH FRIENDSGIVING MEAL

For anyone 9th-12th grade. November 18, 6:30-9:00PM, Michelle Williams' Home

Questions? Contact Erin at efleet@carlislepaumc.org or 717.385.5924

PERMISSION SLIP DUE BY NOVEMBER 11

Student's Information:

Name: _____ Birthday: _____

Gender: _____ Grade in Fall: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information:

Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I, _____ give permission for my child,

_____ to participate in Carlisle UM High School Youth Friendsgiving Meal at Michelle Williams' home on November 18, 2019.

I will not hold Carlisle UM Church, or any representative associated with the above listed activity responsible in an event of injury. Further, I agree to accept any and all financial responsibility as a result of emergency medical treatment.

Please list any special medical information about your child including allergies:

Parent/Guardian Signature: _____ Date: _____