

**Crossroads Student Ministries
Middle School Permission Slip**

Princeton Alliance Church Sponsored Event

_____ (grade) _____ (age) _____
(Full Name of Child Attending)

has my permission to attend:

Total Cost: \$375 (after PAC 1/3 scholarship)
Deposit: \$125
Please do not staple or tape payment
Deposit is non-refundable

Middle School Mission Trip 2014
w/ Adventures in Missions @ Johnstown, PA
August 10-15, 2014

(Date)

(Parent or Guardian Signature)

YOU MUST FILL OUT AND RETURN THIS ENTIRE FORM

Please note allergies, medical problems, and special diet: _____

In an emergency situation, I hereby give the adult leaders of this trip permission to secure proper treatment for my child named above in the case that I cannot be reached. This form may be photocopied for use.

(Date)

(Parent/Guardian Signature)

(Street Address)

(Medical Plan Name)

(Town, State)

(Medical Plan ID Number)

(Home Phone Number)

(Emergency Phone Number)

**** Permission Slip, Release Form (available online) & \$125 due by
Thursday, February 27, 2014 ****