## United Fellowship Lutheran Church 2115 Washington Blvd, Easton, PA 18042

Phone: 610-258-0081 Fax: 610-258-4592 Email: office.unitedfellowship@rcn.com www.unitedfellowshiplutheran.org

## **Off-Site Permission Form for Minors**

Activity Name:			
Activity Location:			
Driver / Chaperone(s):			
Activity Date(s):		_	
off-site, United Fellowship Lutheran Church (UFL Minors has been completed and is on file with U event.	.C) sponsored activity	v. My child's Annual	
I understand that the above-named driver has co Form, has completed necessary background check office.	•		
Parent Signature:			
Please print legibly. If we can't read it, we may not	t be able to contact you	!	
Parental Emergen	cy Contact Info Du	uring the Event	
Full Name – Parent I		Cell Phone	
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## Full Name – Parent I Full Name – Parent 2 Cell Phone Alternate Emergency Contact Info During the Event (if parents unreachable) Full Name Cell Phone Cell Phone Relationship Minor Full Name Preferred Name Street Address Cell Phone Cell Phone Date of Birth Authorized Alt. Pick Up (ID Required)