

Sports Party

Yes, my child _____, may come to Bethany Chapel for the sports party. I (the Parent/Guardian) know that I (the Parent/Guardian) am responsible for making sure that my child will have a way home. I (the Parent/Guardian) also am responsible for my child at this time. In the event that emergency medical attention should be needed I will allow my child to be taken in for treatment.

Parent/Guardian's Signature: (For permission to attend.)

Address: _____

Phone where we can reach YOU:

We will be having food. Are there any food allergies we should be aware of. No ___ Yes ___
If yes, please list them for us.

If you have any questions about the activity please contact John Smith at: 269-718-3511

Please be prompt in picking up your child no later than 10:00 PM

This form must be fully filled out and signed by a parent or legal guardian in order for the child to attend the activity at Bethany Chapel.

Where:

Bethany Chapel
15130 Millard Rd
Three Rivers

When:

April 4th, 2012
6pm-10pm

What to wear:

Wear your favorite
sports team
clothing

Come and celebrate
with us, there will be
prizes, games, and
other fun stuff!

See you there.