Trinity's Youth Group Field Trip Permission Slip

Group _____ Sponsor _____

Date _____ Phone _____

Activitiy_____

_____

This field trip includes an overnight stay and/or travel of more than 100 miles ☐ ☐

Yes No

Departure time _____ Departure Place _____

Return Time _____ Return Place _____

Transportation _____ Cost _____

Each participant should bring _____

_____

Adult Chaperones _____ Phone _____

_____ Phone _____

Please complete the form below and return by _____

Keep the top part of this form

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