PERMISSION FORM

EVENT NAME:_____

DATE OF EVENT:_____

STARTS AT:_____ ENDS AT:_____

I give permission for you (youth/child)_____
(Name of youth/child)

to go to_____

with Indianapolis First Church of the Nazarene YOUTH or INDYKIDS
(circle one)

During the event, I can be reached at _____

In the event that you are unable to contact me, please contact:

Emergency Contact Name:_____

Emergency Contact Number:_____

_____
Parent/Guardian Signature

Date:_____

9401 E. 25th Street, Indianapolis, IN 46229
317-897-7700