

Upper Room Youth Work Trips permission form.

Name of young person who will attend: _____

Trip/event: The Mixx Easter Youth Celebration

Date and time: 730pm-930pm March 18th 2016

Location(s): Woodlands Church, BS8 2AA

**I give permission for the young person named above to attend this trip/event.
In an emergency and/or if I can not be contacted, I am willing for my child to receive
necessary hospital or dental treatment including an aesthetic: [] YES [] NO (please tick)**

Signed: _____ Name: _____
(Parent or adult with parental responsibility)

Date: _____

Please inform us overleaf if any contact or medical details have changed from the annual registration form including any temporary contact telephone numbers for the duration of this trip. Thank you.
Please note the annual permission form also needs to be completed.

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