

THE FIRST CONGREGATIONAL CHURCH

UNITED CHURCH OF CHRIST

444 East Broad Street _ Columbus, Ohio 43215-3885

Phone: 614-228-1741 _ FAX: 614-461-1741 _ E-Mail: home@first-church.org

Event: Mission Trip-West Franklinton Event Date: June 3-8, 2018

Leader's Name: Rev. Tim Ahrens and TBA

Leader's Phone: 614-216-3443

Event Location: Gladden House , 183 Hawkes Avenue Columbus Ohio

Depart: June 3, 2018 – Church at 7:00 p.m. Pack Pick up at: June 8, 2016 – 4:00 p.m.

Type of Transportation: Vans Cost: \$100.00 plus spending money

Adult(s) transporting: TBA / Rev. Tim Ahrens

During this event you can contact your child by telephoning 614-227-1616

Name of Participant(s): _____

In an emergency, during this youth event, leadership can contact: _____

Parent/Guardian: _____ Phone: _____

My child has a valid 2017-2018 medical authorization forms on file with the church. __ yes __ no

COMPLETE ONLY IF NOT ON FILE AT THE CHURCH

Parent/Guardian=s Name(s): _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone(s): _____ Cell Phone: _____

I do hereby release, discharge, and hold harmless The First Congregational Church, United Church of Christ for any claims, liabilities, damages, or demands for any injuries to person or property sustained by the above named participant and resulting from their participation in this youth event. Should the above named participant become ill or injured and a parent/guardian cannot be contacted, adult leadership will call a licensed physician for treatment and/or to transport said participant to a hospital emergency room for treatment.

Parent/Guardian signature: _____ Date: _____

Parents-Sign and return this copy to Mark Williams.