



Fellowship Bible Church
 1720 E. Broadway
 Pearland, Texas 77581
Contact information
Caleb Waldrop 281-482-0239

Permission Slip Form

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|---|--|-------|--|
| Radius Student Ministry will be going to: | | | |
| Date: | | Time: | |
| Location: | | | |
| Cost: | | | |
| Transportation: | | | |
| Please return this permission slip by: | | | |

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|--|------|
| I give permission for my child _____ to go to _____ on _____ from _____ to _____ My child will pay _____ to cover the cost of going to _____ | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: Name _____ Phone _____ Parent/Guardian Signature _____ Date _____ | |
| Youth Pledge I hereby pledge to uphold all policies of the Radius Student Ministry of Fellowship Bible Church. During all youth activities and all youth trips, I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions. | |
| | |
| Signature of Youth | Date |