

Youth Permission Slip for Summer Mission Trip Dominican Republic

Student:

First Name

Middle Name

Last Name

Date of Birth

Age By Trip Date

Grade Entering in Fall

Address

Parent:

I/we _____ (parent signature) give my son/daughter, permission to go on the PCN mission trip to the Dominican Republic during the summer of 2015. I/we understand that after Feb 1, 2015 there will be no refunds if my student opts to not go on the trip unless the cancellation is due to an unforeseen family emergency. Only the amount that we have paid minus the non-refundable \$75 deposit will be returned to me/us. Together we have read the covenant and agree to the expectations that have been set forth for all participants who are going on this mission trip.

Parent/s:

First Name

Middle Initial

Last Name

Address

Phone Numbers (cell, work, home, etc.)

e-mail address

(Check here if student has a valid and current passport that does not expire in 2015. We need the student's name as it is/will be in the passport).

(For office- non refundable deposit \$75 by Dec. 1st- other payments refundable until January 31, 2015)