

BNC EVENT PERMISSION FORM **WIRED**

KIDS BETHANY NAZARENE CHURCH PRETEEN MINISTRY

Event	WIRED PRETEEN FILL THE BUS FOOD DRIVE		
Date	11/10/17 11/11/17	Time	(11/10) 4:30-6:00 (11/11) 3:00-6:00
Location	BETHANY NAZARENE CHURCH AND MARK & DONNA THOMPSONS NEIGHBORHOOD		
Cost	\$FREE		
Transportation	NO TRANSPORTATION IS PROVIDED FOR THIS EVENT. PARENTS MUST DROP THEIR CHILDREN OFF AND BE AVAILABLE TO PICK THEM UP FROM THE CHURCH		
Notes	<p>This event is a great serve opportunity for your student to reflect on the needs of our community. Many times we think of fighting hunger as being a need in other countries but hunger is a need in our own community. The great thing is that our own community has resources to do something about it. We are equipping the WIRED Preteens to learn how to help fight hunger in our communities by doing a simple neighborhood food drive. Our goal is to "Fill the Bus" with food for our local food bank. We will canvass the neighborhood of Mark and Donna Thompson on Friday and then go around and pick up food on Saturday to deliver to the food bank.</p> <p>PERMISSION FORMS DUE TO PASTOR JASON ON FRIDAY, NOVEMBER 10.</p>		



----- PLEASE RETURN BOTTOM HALF OF THIS FORM -----

I give permission for my child _____

(CHILD'S PRINTED NAME)

to attend the event to **FILL THE BUS FOOD DRIVE** on **NOVEMBER 10-11**
 from **4:30pm** until **6:00pm** ON FRIDAY AND **3:00pm** until **6:00pm** ON SATURDAY IN THE **HUTCHINSON NEIGHBORHOODS**

Enclosed is \$ 0 to cover the cost of the event.

(Check made payable to Bethany Nazarene Church)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, this document shall be presented to a physician, dentist, or appropriate hospital representative at such times as unexpected medical care, dental care, and/or hospitalization may be required. I will not prosecute or take any form of legal action against Pastor Jason Avery and/or the Hutchinson Bethany Church of the Nazarene and their volunteers in the event of an emergency for the purposes of using this medical release. In signing this form, you agree to have read this form in its entirety and agree with all information and deadlines as written.

PARENT/GUARDIAN _____

(PARENT/GUARDIAN PRINTED NAME)

PARENT/GUARDIAN SIGNATURE _____

(PARENT/GUARDIAN SIGNATURE)

CURRENT TELEPHONE NUMBER _____

(PLEASE PUT NUMBER THAT YOU WILL ANSWER)