

Youth Trip Permission & Payment

I give permission for my child to attend the following youth activity:

Trip _____

Location _____ Date _____

Child's name _____

Parent's name _____

Signature _____

Cell # _____

- payment of \$ _____ enclosed
- payment of \$ _____ charged to my child's individual account
- payment of \$ _____ charged to youth scholarship account
- other \$ _____



Winder First Methodist Church
280 N Broad St, Winder GA
Dwight Oakes 321-284-7653
doakes@winderfumc.com