

Permission Slip

Guardian: _____ Relation: _____

Address _____ Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

As the parent or legal guardian of the children listed below, I give my permission for the same to attend activities sponsored by Anchor Baptist Church of SC and to be transported by church approved individuals to and from those activities.

Date ___ \ ___ \ ___ Signed _____

First Name	Last Name	Gender	Birth Date	Grade
		M / F	___ \ ___ \ ___	
		M / F	___ \ ___ \ ___	
		M / F	___ \ ___ \ ___	
		M / F	___ \ ___ \ ___	

