

# Permission Slip

## Youth Retreat Jan. 19-21, 2018

(To be completed and signed by parent/guardian)

*Central Manor Church*  
*387 Penn Street*  
*Washington Boro, PA 17582*  
*Phone: (717) 872-2772*

ACTIVITY: **Youth Retreat**      Minor's Name: \_\_\_\_\_

DATE: **January 19-21, 2018**      Minor's Age: \_\_\_\_\_

DESTINATION: **Doubling Gap Center**      Address: **1550 Doubling Gap Road**  
**Newville, PA 17241**

TIME OF DEPARTURE: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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Place & Phone number where parents can be reached:

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For this activity please list an alternate person to contact in an emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby give the above named minor permission to attend and participate in the youth retreat supervised by Central Manor Church, 387 Penn Street, Washington Boro, PA 17582.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date