* SEPT 29TH, COUNTRY CORN MAZE * MOESSIAH YOUTH PARENT PERMISSION FORM

Address		
City	State	Zip Code
Birth date	Grade	_ Gender
Parent/Guardian(if under 18)	
Home Phone	Cell F	hone
Home Church		
Email Address		
Emergency Conta	act (name & relations	hip)
I GIVE PERMISSION FO TTH MESSIAH & MOE LU R ILLNESS OCCUR TO M	THERAN CHURCHES TO Y SON/DAUGHTER WHII SIBLE FOR ANY FINANC	TO ATTEND 7 th -12 th GRADE MOESSIAH CORN MAZE TO WARROAD, MN ON WED SEPT 29 TH ! IF ANY INJURIE LE ON THIS TRIP, I AGREE TO NOT HOLD MESSIAH & IAL OR LIABILITY RESPONSIBILTY THAT YOUR
I GIVE PERMISSION FO TITH MESSIAH & MOE LU R ILLNESS OCCUR TO M OE LUTHERAN RESPONS EDICAL INSURANCE MIC	THERAN CHURCHES TO Y SON/DAUGHTER WHII SIBLE FOR ANY FINANC GHT NOT COVER.	WARROAD, MN ON WED SEPT 29 TH ! IF ANY INJURIE LE ON THIS TRIP, I AGREE TO NOT HOLD MESSIAH &

ATTENTION MOE & MESSIAH PARENTS: We need Parents to help drive their vehicle to get kids to and back from corn maze! If you can help drive, please call me at 218-242-2221 to let me know and how many kids you can get in your vehicle, thanks!!