

Archbold Evangelical Church
Bus/Van Travel Permission Slip and Participant Information Form

Please Print:

Name _____ Date riding to camp _____ Date returning from camp _____

Name _____ Date riding to camp _____ Date returning from camp _____

Name _____ Date riding to camp _____ Date returning from camp _____

Name _____ Date riding to camp _____ Date returning from camp _____

Address _____ City _____ Zip _____

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Home Church _____

If Parent/Guardian is unavailable please contact:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

I hereby give permission to the Archbold Evangelical Church to transport my child(ren) to and from Miracle Camp.

Signature _____ Date _____

Bottled water ONLY on the bus!

Return this form to the Archbold Evangelical Church prior to your child(ren)'s camp date(s).

Fax: 419-445-4270 ~ **Address:** 705 Lafayette Street, Archbold, Ohio 43502