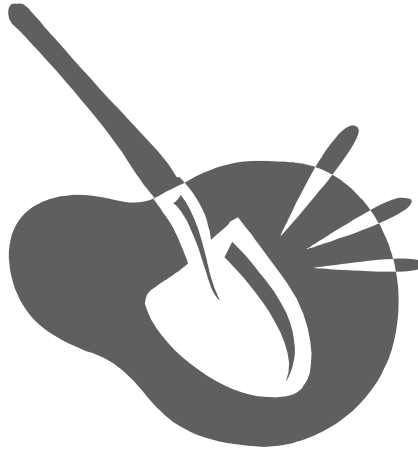


JOURNEY SERVANT CAMP



June 16, 17, & 18

8:30am - 3:30 pm

(Approximately)

Bring a sack lunch & water bottle

Emergency Contact numbers

Sherie Kruse: 262-689-7307 (cell)

Amanda Tuedes: 715-966-0807 (cell)

Journey Servant Camp - Permission Form

My child, _____, has my permission to participate in Journey Servant Camp June 16, 17 & 18, 2009. I understand that my child will experience service in many different areas of the community: including local assisted living centers, our YMCA daycare, our local parks, and All Peoples church in the inner city of Milwaukee & his/her behavior is to be respectful of all people & open minded to the experience. I waive & release any claims for injury against volunteers or employees of Our Savior's Lutheran Church, All Peoples Church, and our other service partners. I give my child permission to ride in adult-driven vehicles.

- ◇ I have filled out the 2008 -2009 Medical Information & Permission for Treatment Form and verify that all information is current and up to date.

Parent Signature: _____

Date: _____