



ROCK  
SPRINGS  
C H U R C H

**PRAYER BREAKFAST 2019**

(Name)

My child \_\_\_\_\_, has my permission to attend Prayer Breakfast by bus as an activity of Rock Springs Congregational Methodist Church, Inc. I further understand that it is my responsibility to pick my child up at Rock Springs Church at the conclusion of this event.

Signature

Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to child

You **MUST** have this permission slip to attend!

Notice: Please be aware that Rock Springs Church reserves the right to suspend or revoke bus privileges of any student at any time.