PARENT/GUARDIAN PERMISSION FORM

NAME OF EVENT	ADC W.	2a Daglagdi - 11 C: 1 C	
NAME OF EVENTUM			\ 4
WHO WILL BE ATTENDINGGirl		5	Cnorus
DATESatu	-	- ·	on might on
LOCATIONUM			
MEETING PLACEUM			
ARRIVE12:			_
		– stay for the whole game	
	ght after sing		orm;
COSTNor		couts and Leaders in unito	orm;
·	all others		
METHOD OF TRAVELPare		. Cl1.:	
WHAT TO WEAR		•	or stacks
WHAT TO BRINGYour			
ADULT IN CHARGEKim			
FIRST AIDER Kim			۳ 1
ADULT CERTIFIED FOR TROOP CA	MPING (11	required): Kimberly Lohr	fink
Phone Number: 410-227-5396	C 1	DIJONE 410 002 0012	
EMERGENCY CONTACT: Dan Lohr **Troops/groups traveling to and from Girl Sco			First Aid
standards and checklists in SAFETY-WISE.	iut events mus	t authore to the univing/seather/	Tilst Alu
PLEASE KEEP T	OP HALF	FOR YOUR RECORDS	
DETUDN DOTTO	NM HATEA	OF FORM TO LEADER	,
RETURN BOTTO	JWI HALF (JF FURM TO LEADER	_
My daughter	has my r	permission to participate in	n the field trip to
UMBC Women's basketball game. I ag			
this activity. I give my permission for medi			
insurance is secondary to any personal insurance should become ill or exposed to a control			
she should become ill or exposed to a conta photographed for publicity purposes.	igious disease	e. I also give my permission	for her to be
photographed for photoery purposes.			
# of family members coming with	the Girl Sc	out in uniform (\$3 for eve	ryone not in
uniform),			J
<i>"</i>			
During the event I can be reached at:			
Location			
Phone Number	D		E
Cellular Phone		Pager number	
If I cannot be reached in an emergency,	please conta	act (print information):	
Name	Relat	tionship to child	
Phone Number	D		E
Cellular Phone		Pager number	

Parent	(print name)
Parent	(signature) Date