CASTING CROWNS CONCERT
Permission Slip

I, _____, give permission for my child, _____, to travel with First United Methodist Church of Coral Springs, Florida **on Saturday, February 23, 2008** to Sound Advice Amphitheatre in West Palm Beach for the *Casting Crowns* concert.

We will meet at the church at 5:00PM to carpool and will return at approximately 10:00PM.

_____ _____
Parent Signature Date

Home phone _____
Cell phone _____
Email _____
Emergency Contact _____
_____

I am available to drive/chaperone Yes _____ No _____
My vehicle has _____ seats with functioning seatbelts.

(Drivers will have tolls and parking paid for, but must purchase their own concert ticket.)

The cost of the concert is $36.00 which includes all fees. Office use only: Cash Check Account