



Church of Christ Congregational

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Field Trip Permission Form

Youth's Name _____

Trip to _____

Date of the trip _____

Method of transportation _____

Departing on _____ at _____ o'clock

From (location) _____

Returning on _____ at _____ o'clock

To (location) _____

Emergency Contact Person #1

Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other phone _____

Relationship to Youth _____

Emergency Contact Person #2

Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other phone _____

Relationship to Youth _____

Parent or Guardian Signature _____ Date _____