

BOX CITY PARENT/GUARDIAN PERMISSION FORM

Box City Youth Event
April 6 & 7, 2024

For: youth currently in grades: 6th- 12th. The purpose of this event is to raise awareness about homelessness in Montgomery County and raise funds for Pottstown Beacon of Hope in support of building a year-round warming center.

My child/children:

1	NAME		DOB		Cell #	
2	NAME		DOB		Cell #	
3	NAME		DOB		Cell #	
4	NAME		DOB		Cell #	

Has (have) my permission to sleep outside in a box at Advent Lutheran Church in Harleysville, PA. I understand that youth will be encouraged to sleep outside, but will also have access to the indoors if they get too uncomfortable. I understand strict rules will be in place during this overnight event and agree to come pickup my youth when requested by a chaperone. I understand that I may not pick up my youth without the knowledge of a chaperone or event leader. I have read through and signed the Parent/Youth Covenant event form.

PARENT/GUARDIAN

Name Printed			
Signature		DATE	
Cell Phone #			

EMERGENCY CONTACT

Name			
Relationship			
Cell Phone #			

Please contact your local congregation youth leader if you have questions.