

Fall Retreat
Friday - Sunday, September 15-17, 2017
Lake Swan Camp, Melrose, FL
\$75 per person includes lodging, meals, & shirt.

Parent Permission Form

I give my permission for my student _____,
to participate in the Fall Retreat scheduled for Friday-
Sunday, September 15-17, 2017. I understand my student
will be participating in events at Lake Swan Camp.

Students should be dropped off at Lake Swan Camp 647 FL
26. Melrose, FL 32666, at 6:00 PM on Friday and be picked
up at Trinity on Sunday after church at 12:15 PM.

Student must turn in this completed permission form and
must have a current 2017-2018 medical form. Students must
pay \$75 at registration, deadline September 1.

Parent or Legal Guardian's Signature:

Student's shirt size _____

Emergency Contact # _____