



Event Application

Event:	Date:
Event Details: Concert will be held at South Parkersburg Baptist Church and doors open at 6:00pm	
Cost:	Application Due Date:
Please make Cheques payable to: Mt. Pleasant UMYF	(Please submit form & registration money to:

Student Information		
Last Name:	First Name:	
Grade:	Age	Gender: M F
Phone:	Email:	
Address:	City	
Postal Code:	Province	

Parent / Guardian Information	
Name(s):	Email:
Home Phone:	Other Phone:

Medical Information	
Health Card #:	Health Card Expiry Date:
Medical Conditions or Allergies: (Please make special note of food allergies)	Medication(s) Currently Being Taken: (Please note medication names and times taken)

Permission Form

Student	
I promise to abide by all rules and plans set forth by the leaders of S.T.O.M.P. at Mt. Pleasant United Methodist Church during the course of this event.	
Signature:	Date:

Parent	
I/we are the legal guardians of the student named above and hereby give my/our permission for the named student to participate in the above named event with the leaders of S.T.O.M.P. at Mt. Pleasant United Methodist Church. I understand that in the event of an emergency that the leaders of S.T.O.M.P./Mt. Pleasant United Methodist Church will do everything in their power to contact me personally, but that in the event that they are unable to do so, I/we give my/our permission for the leaders to seek necessary medical attention for the student named above. Additionally, if my child cannot attend, I/we will be responsible for paying the balance or finding an alternate attendee for the event.	
Signature:	Date:

Office Use Only		
Approved (Circle One): Yes / No	Paid:	Owed: