



**Missions & ESM 2008-09
Overnight Trip Parental Permission**

(Please print.)

Student's Name _____

Home Phone _____ Cell Phone _____

Trip Destination _____

Trip Date _____

Trip Leader _____ Trip Cost _____

Trip Deposit _____ Balance _____

I plan to pay for the trip:

- In full today
- By the due dates
- By using the Optional Payment Plan

I give permission for my son/daughter to attend the above overnight Missions & ESM trip with the leaders assigned by Troy Christian Schools. I agree to pay the deposit due and payments as stated in the trip description. I also understand that due to costs involved in reservations of transportation, accommodations, food, etc. that it is imperative that my child attends as planned. If my child does not attend, I understand that the deposit is non-refundable and that I am responsible for full payment.

Parent's Signature _____ Date _____

**Please return this form along with the Medication
Authorization Form when you sign up on
Tuesday, October 21.**