

Shiloh Christian Church

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Paul A. Hylton Senior Pastor

Parental Permission Form B.O.O.T. Camp

A ministry of Shiloh Christian Church

Use this form to confirm your teen(s) participation in B.O.O.T. Camp. Please fill out the permission form and return it with your payment by 8/20/16. Cost is \$65. You may make installment payments, as needed.

Date: Friday August 25th – Saturday August 26th

Destination: Camp Washington, Morris, CT.

Departure: From Shiloh Christian Church Friday, August 25th.
Please meet in the parking lot at 12:00 p.m.

Return: To Shiloh Christian Church Saturday, August 26th at approximately 8:00 p.m.
(Groups from other churches will designate time/location)

Contact person: Ramona Hylton. Phone (860) 754-6854 or Alan Marshall (860) 834-4296 or
by email at shilohyouth17@gmail.com

Additional Information: www.boot-camp.weebly.com

****Please complete the form below if you wish to have your teen attend B.O.O.T. Camp**

Name of teen(s) attending:

Please list any allergies:

Any special restrictions? _____

Amount enclosed: \$ _____ Checks should be made payable to: **Shiloh Christian Church.**

Parent (or Guardian) Name _____

Address _____

Phone number _____ Cell phone _____

I agree to indemnify and hold harmless the Shiloh Christian Church for injuries or damage caused by or resulting in my child's participation in B.O.O.T. Camp.

Parent/Guardian Signature: _____ Date: _____