

Son Coast Chrysalis Permission Slip

Please send the completed Permission Slip for <u>each</u> Flight that you are planning to volunteer

DATE: ____

Son Coast Chrysalis

P.O. Box 4826 Wilmington, NC 28406 soncoastchrysalis@gmail.com

Name:	Volunteer Flight Informat	Volunteer Flight Information	
Address:	Boys / Girls (circle one)		
City:			
State/Zip:			
My son/daughter (circle one),	equire transportation to and from ncy, if I (we) cannot be reached by	various locations either y telephone, a	
Signed by parent or guardian	on	(date)	
Parent/Guardian home phone:			
Parent/Guardian work phone:			
Parent/Guardian cell phone:			
Other phone:			
Medical Insurance Carrier:			
Please list any allergies or prescribed medications that th			
that should be disclosed to help medical care.			
WEEKEND COSTS			
All youth volunteers will stay at the Salt & Light Christian	Center. The cost for the weekend	d is \$45.00	
or \$15.00 a day. I agree to pay Son Coast Chrysalis the a	associated weekend fees upon m	y arrival to the Salt &	
Light Christian Center and agree to stay onsite during my	time of service.		
(Signature/date)			
ATTITUDE			
I agree to abide by the guidelines set for this program by	the Upper Room and the Son Co	ast Chrysalis	
community including participating in the weekend with a §	Servant Attitude. I realize that I	am here to give of	
myself to make this weekend special for the caterpillars.	I agree to work wherever I am ne	eded and to remain	
behind the scenes. I understand that if I have a relative,	friend, girlfriend, boyfriend who is	a caterpillar, I should	
do nothing to take his/her mind off of the purpose of being	g here because this is his/her flig	ht. If I cannot comply	
with the above guidelines, I may have to leave and serve	at another time.		
(Signature/date)			