

I hereby give permission to the Williamsburg Christadelphian Conference Committee Members to sponsor and authorize emergency medical care for _____.

Parent Signature: _____

Date: _____

It is expected that all those present will live up to the high standards of conduct consistent with the purpose of the Conference, and that everyone will be prepared to contribute fully each day.

Committee Members:

Bruce Parker
Jonathan Midget
Colton Walker

Please mail this form to:
Sis. EmilyClaire Walker
7515 Axton St
Springfield VA, 22151
315-651-3207