



Newburgh Junior Civitan Club
PO Box 60
Newburgh, IN 47629
812-853-0700

5466 S. Vann Rd
Newburgh, IN 47630

Permission Form

EVENT NAME: _____

DATE OF EVENT: _____

BEGINNING TIME: _____

ENDING TIME: _____

I give permission for my child, _____ (child's name)

to go to _____ (place)

on _____ (date)

with _____.

I understand that transportation will be provided by _____ (method of transportation)

During the event, I can be reached at _____ (Phone number or emergency contact)

In the event that you are unable to contact me, please contact:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent / Guardian Signature

Date