

MISSOURI YOUTH ON MISSIONS PARENTAL CONSENT FORM



I, the parent of _____, give permission for my child to apply for and travel with the Missouri Youth on Missions trip.

Parent Signature: _____

Date: _____

Parent Contact Information

Telephone 1: (_____) _____ - _____

Telephone 2: (_____) _____ - _____

Email: _____

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Once completed, please mail to the Missouri District office:

MO-YOM
P.O. Box N
Florissant, MO 63031