

# Angels from the Realms of Glory

December 3, 2016

5:30-8:00 p.m.

Congregational Church of Salisbury UCC



I give permission for \_\_\_\_\_  
to attend the Advent event - **Angels from the Realms of Glory.**

Does your child have dietary restrictions or food allergies?

Are there any restrictions on your child's activity?

Is there any pertinent medical information that is vital in case of an emergency?

I understand that all precautions will be taken to provide a safe environment for my child (children). In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize the Congregation Church of Salisbury to call 911.

Signature of Parent/Guardian \_\_\_\_\_

Phone number where Parent/Guardian  
can be reached during the event:

Date \_\_\_\_\_

**You must pre-register with Barbara Collins  
by Thursday, December 1<sup>st</sup>.**

**Barbara Collins - bacollins430@gmail.com or call (860)435-0051.  
Please let me know if there are dietary restrictions prior to the  
event. Otherwise, you may return this form when you arrive.**