



Permission Slip

EVENT NAME: March 4th 2023 DePaul Basketball Game

DATE OF EVENT: Time: TBA. Saturday, March. 4th

ALL PERMISSION SLIPS MUST BE RETURNED BY FEBURARY 13TH 2023

Student School Name: _____

All students must meet at 901 East 95th St Chicago, IL at Imani Village Door B You will be responsible for setting up transportation to and from our program. Parents and Students at our partner schools please reach out to your chaperone at your school. Please email or bring a copy of this form filled out to the event listed above.

EACH INDIVIDUAL STUDENT IS REQUIRED TO HAVE THEIR OWN PERMISSION SLIP

I give permission for me and or my family, (_____)
from _____ (School Name) to attend the DePaul Basketball Game on
March 4th . I also give CCM permission to use me or my families image and their
likeness in any promotional pictures, productions, and or videos. I agree to hold harmless
Concerned Christian Men Inc. any subsidiaries, board members, and our CPS Partners.

Please Check this Box if your student is in 7th -12th Grade

I understand that the event will be held at 200 E Cermak Rd Chicago, IL 60616,

Phone number is 773-359-2777 or 585-520-7900.

During the event, I can be reached at (_____) *in case of an emergency.*

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

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Signature

Date

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