

TIME AWAY FORM



For OFFICE USE ONLY

PARTICIPANT NAME _____
LAST NAME FIRST NAME

GRADE: _____ **GENDER (CIRCLE ONE):** MALE FEMALE

PARTICIPANT IS (CHECK ONE): ___ARRIVING LATE ___LEAVING EARLY ___OTHER___

FROM WHAT EVENT/TRIP: _____

ON WHAT DATE: _____

AT WHAT TIME: _____

WHO IS THE PARTICIPANT TRAVELING WITH? IF THE PARTICIPANT IS A MINOR THEY MUST TRAVEL WITH AN ADULT

NAME _____

RELATIONSHIP TO THE PARTICIPANT _____

CONTACT # _____

HOW ARE THEY TRAVELING? _____

REASON: _____

CAMPUS PARTICIPANT ATTENDS:

___ Avenue South ___ Brentwood ___ Harpeth Heights ___ Lockeland Springs ___ Nolensville
___ Station Hill ___ West Franklin ___ Woodbine ___ GUEST

PARENT NAME (PRINT) _____

PARENT SIGNATURE (IF ATHE PARTICIPANT IS A MINOR, A PARENT OR GUARDIAN MUST SIGN)

_____ **DATE** _____

CONTACT # _____

**PLEASE COMPLETE AND SUBMIT TO STUDENT MINISTRY OFFICE
AT LEAST ONE WEEK BEFORE THE EVENT.**