



CENTREVILLE

United Methodist Church

I give permission for my child, _____,
to participate in: *(minor child's name)*

(name of ministry or activity)

at Centreville United Methodist Church.

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Phone Number

Date

Centreville United Methodist Church

6400 Old Centreville Road

Centreville, VA 20121

703-830-2684

www.centreville-umc.org