

What: Middle School All Nighter Where: @FBC

When: January 31st – February 1st (Friday-Saturday)

What Time: 10:00 pm Fri. – 7:00 am Sat.

How Much: \$20 Includes (bowling, snack, and breakfast)

I, _____ (Parent/Guardian), give my teen(s), , permission to attend the all-nighter

with the FUSION Youth Group. I understand that my student(s) must be dropped off at Faith Baptist Church by **10:00 pm** on Friday January 31st and will have them picked up at the FBC by **7:00am** February 1st Saturday morning.

Emergency Contact Number: _____

Parent/Guardian Signature: _____

If you have any questions please contact: Pastor Chad Cell: 352-586-5647 Office: 727-847-3550 Email: pastorchad@fbcbelong.com



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