



Compassionate Friends

of Myrtle Beach, SC

Waccamaw
Chapter



Permission Slip

Please print clearly

Date: _____ / _____ / _____

Child's Name: _____

Date of Birth: _____ Date of Death: _____

Favorite Color: _____ Favorite Thing: _____

Favorite Song: _____

E-mail Address: _____ (Optional)

Phone Number: _____ Best Time To Be Contacted: _____

I have read and agree to all terms, I hereby give my permission.

Signature: _____ Print Name: : _____

In order to add your child or sibling to the web site or print your child's name in the newsletter, written permission is required. I agree to release The Compassionate Friends from any and all liability for any use that may ever be made of the name by others who see it. I give my permission to Waccamaw Chapter of The Compassionate Friends to add my child/sibling's name and/or other materials that is submitted including photographs to the website or newsletter. The web site where your child's information will be located is www.compassionatefriendsmb.com.

Print this form, fill it out and mail it to:

The Compassionate Friends of Myrtle Beach
c/o Jane Alirie
706 Bonnie Dr.
Myrtle Beach, SC 29588

If you have any questions or comments, please email Jane Alirie at angelinmyheartcf@aol.com