

Growing Together Weekend Westminster Woods Fundraiser

"A New Year, New Beginnings"

**Saturday, January 5, 2008
St. Phillips Lutheran Church
8850 Davona Dr.
Dublin, CA**

Soup Crock Pot Potluck & Cook Off Contest

Contest Categories:

**Best Overall, Best Soup, Best Main Dish, Best Dessert
Prizes to include: New Crockpot, half-scholarship,
Tshirts, mugs, and more!!**



5-6pm Registration

6-7pm Potluck Dinner

**(Please bring a soup/crock pot item or side dish
to share-committee will provide breads)**

7-7:30pm Fellowship

Donation Drawing/Silent Auction

7:30 pm Speaker Meeting

Alateen:TBA

Alanon: John B. Santa Cruz

AA: Bridgette, Auburn

Suggested Donation: \$7.00

Any questions, please contact:

Melanie-Chair-408-309-3623 Pleas-Co-Chair-707-889-4000

This event meets the NCWSA Requirements For Alateen Member Safety

A22-7

TRAVEL AUTHORIZATION

Rev: 20050212 **To Be Carried While Traveling To and From Any Alateen/AI-Anon Event**

DRIVER - ADULT

MINOR

Full Name:	Full Name:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone:	Phone:

I do hereby authorize the driver listed above to transport the minor listed above to and from the destination listed.

DESTINATION: _____

Authorized signature by parent or legal guardian Phone Date

CONSENT TO TREATMENT OF A MINOR

In case of an emergency, (I), (We), the undersigned parents (guardians) of the minor listed above, with date of birth on ___/___/___, do hereby authorize the **ADULT** listed above as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is tendered under the general and special supervision of any licensed medical and/or dental professional or an individual working under the supervision of any licensed medical or dental professional (professional) regardless of location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the aforementioned professional in the exercise of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California.

This authorization shall remain effective for one year from January 1st through December 31st, 20___, unless revoked sooner in writing and delivered to said agent.

Signatures: _____ Date: _____

Parent or Legal Guardian (sign): _____

Parent or Legal Guardian (print): _____

Witness other than parent or guardian (sign): _____

Witness other than parent or guardian (print): _____

Emergency Phone Number(s): _____

Please list any allergies: _____

(Include prescription and over-the-counter medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)

Please list any medication currently being taken: _____

Medical Insurance Information: Company: _____ Policy Number: _____

ANYONE USING ANY MEDICATION MUST REPORT THIS INFORMATION TO THE DRIVER UPON ENTERING THE VEHICLE

