

Permission Form



**APPRECIATION FOR OUR
COMMUNITY'S
HEALTH CARE &
ESSENTIAL WORKERS**

SUNDAY JUNE 27th

**St. Paul's Anglican Church is hosting a Service of Thanksgiving
for Health Care and Essential Workers.**

I would like to acknowledge the following individual(s):

NAME: _____ Nature of work: _____

NAME: _____ Nature of work: _____

**In submitting this form, I acknowledge that I have obtained the permission of the individual(s)
noted to include their name and nature of work on the YouTube video showing the Service of
Thanksgiving on June 27, 2021.**

NAME of person submitting form: _____

Date: _____

Phone # / email address _____