

PERMANENT PASS			
Name:		Date:	
Location:		Residential PPO	
Location Address:		If Church-Pastor:	
Location Phone Number:		Location Hours:	
<input type="checkbox"/> Special Instructions:			
School Course or Church Function	School Instructor	Weekday Held	Time Held
Day	Leave Center	Return Center	Transportation: Walking <input type="checkbox"/> Bus <input type="checkbox"/> See car information below <input type="checkbox"/>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Verified by:			
I have read (had read to me), understand, and agree to abide by the above pass plan while at the Gerald R. Hinzman Center/Hope House/Larry A. Nelson Center.			
Resident Signature:		Witness Signature/Title:	
Date:		Date:	
Car Information		Car Information	
Car Owner:		Car Owner:	
Plate #:		Plate #:	
Color:		Color:	
Year:		Year:	
Make & Model:		Make & Model:	
Insurance:		Insurance:	
Driver:		Driver:	
Car Information		Car Information	
Car Owner:		Car Owner:	
Plate #:		Plate #:	
Color:		Color:	
Year:		Year:	
Make & Model:		Make & Model:	
Insurance:		Insurance:	
Driver:		Driver:	

For Public Information Only