

Project Venture Transportation Consent Form

I understand that I am responsible for picking up my child promptly after each after school session and to abide by time constraints.

Program time and location may vary depending on the activity for that day. Project Venture after school sessions will meet once a week, every Tuesday from 3:45 to 5:00 pm.

I _____ consent for transportation of _____ to an activity
(Print Parent Name) (Child's Name)

service being provided by the Saginaw Chippewa Indian Tribe Project Venture Program staff. This consent form is effective from _____ to _____ unless revoked by me in writing. In any event, this consent form will expire one year from today's date.

Signature of Parent: _____

Today's Date: _____



Saginaw Chippewa Indian Tribe of Michigan
“Working Together for Our Future”

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