

2025 MID-ATLANTIC CHRISTADELPHIAN BIBLE SCHOOL

June 28 - July 5, 2025

www.MidAtlanticBibleSchool.org

GUARDIAN ACCEPTANCE FORM

Dear _____,

This letter confirms that you have been named as Guardian for _____ while attending the Mid-Atlantic Christadelphian Bible School at Shippensburg University.

Listed below are the duties of Guardians required by the University and the Bible School while you are serving as Guardian:

1. **To authorize emergency care.**
2. **To bring with you a copy of the student's medical insurance card and signed medical permission form.**
3. **To confirm class attendance, appropriate behavior, proper attire, care of room and curfew.**
4. **To maintain contact with your charge during the week.**
5. **In case of extreme discipline problems, to arrange a return trip home.**

By agreeing to act as Guardian, you are providing assurance that this individual may attend the school, enjoy fellowship with other young people and develop new relationships. This is an important service, and all appreciate you assuming this responsibility.

Please sign, photocopy this form for your records and return the bottom form to:

MACBS
PO BOX 131
MANSFIELD, PA 16933
USA

For additional forms see the MACBS web site or E-mail: macbs@live.com

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I have read the responsibilities listed above and agree to serve as Guardian for

_____ at MACBS this year.

(Print Youth's Name)

Print Guardian's Name: _____

Guardian's Signature: _____ **Date:** _____

Please sign and return to: MACBS
PO BOX 131
MANSFIELD, PA 16933
USA
