

MARANATHA BIBLE CHAPEL
CHILD PHOTO AUTHORIZATION FORM
(Ages infant – 18 yrs)

Child's Name _____ Phone

I hereby request that Maranatha Bible Chapel **does not** use photographs of my child above-named in published material (i.e. brochures, website) relating to Maranatha Bible Chapel's activities.

Date _____ Parent / Guardian

Signature _____

MARANATHA BIBLE CHAPEL
ADULT PHOTO AUTHORIZATION FORM

Name _____ Phone

I hereby request that Maranatha Bible Chapel **does not** use photographs of me in published material (i.e. brochures, website) relating to Maranatha Bible Chapel's activities.

Date _____ Signature _____