



### VISITOR CLEARANCE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_

SERVICE: \_\_\_\_\_

ATTENDS CCCV? YES \_\_\_\_\_ NO \_\_\_\_\_

SERVICE LEADER SIGNATURE: \_\_\_\_\_

This slip is to be given to the teacher of the room that is visited, then is to be submitted to the service Leader by the teacher at the conclusion of service.



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