PERMISSION FORM

Child's Full Name:			
Address:			
Home Phone #:			
Emergency Phone #:			
Email:			
I give permission for my child(ren) I am aware that the fee is due at the tim least 5 children signed up by registration		ion is limited	name) to attend any or all full day off session(s) d. I am also aware that there needs to be at
Signature of Parent/Guardian		Date	
PLEASE CHECK OFF DAYS AND T	TIMES NEEDED:		
Date	Time	Fee	
Thursday, October 19	6:30 am-6:00 pm	\$40	
All Season Orchard (code 3301)	6:30 am-3:00 pm	\$35	
Woodstock, IL	9:00 am-6:00 pm	\$35	
Bring a sack lunch	9:00 am-3:00 pm	\$30	
Dress for the weather we w	ill be outside most of th	ne day	
Friday, October 20	6:30 am-6:00 pm	\$40	
Mad Science (code 3302)	6:30 am-3:00 pm	\$35	
Wauconda, IL	9:00 am-6:0		\$35
Lunch Provided	9:00 am-3:00 pm	\$30	
Please inform us of any food allergies.			
Monday, November 6	6:30 am-6:00 pm	\$40	
Funtopia (code 3303)	6:30 am-3:00 pm	\$35	
Glenview, WI	9:00 am-6:00 pm	\$35	
Bring a sack lunch	9:00 am-3:00 pm	\$30	
** Trip leaves at 8:30 am and retu	rns at 4:00 pm		
Wednesday, November 22	6:30 am-6:00 pm	\$40	
Battle House Laser Tag (code 3304)	6:30 am-3:00 pm	\$35	
Port Barrington, IL	9:00 am-6:00 pm	\$35	
Bring a sack lunch	9:00 am-3:00 pm	\$30	
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Note: This is a first come first serve program. Once we have reached our maximum number of registrations we will begin a waiting list and participation is not guaranteed.

Please make sure that an email address is on file for your child as 48 Hours before the trip you will receive final details via email about departures times, spending money and lunch.

\$40 6:30 a.m. - 6:00 p.m. \$35 6:30 a.m.—3:00 p.m. or 9:00 a.m.—6:00 p.m. \$30 9:00 a.m. - 3:00 p.m. Ages of children served are Kindergarten - 6th grade 6 min/25 max