

Return by Thursday, Feb. 6th
Include payment with this form.

Name of student(s): _____

Name of parent/chaperone(s) staying overnight: _____

Cost - \$40 per child Friday night only - \$25
Add \$10 per person to cover meals for parent/chaperone(s) who will be eating with us.

Total - \$ _____

Payment method:

Cash _____ Check _____ Autopay (must be received by Wed, Jan. 29) _____

In case of emergency, contact (name and phone #):

List any medications, allergies, dietary restrictions, or other health concerns:

Let us know if you have any scheduling conflicts to work around during the event:

Do you have any questions, comments, or concerns?

Please prepare your child for the most fun they've ever had! 😊