

## **KING'S ISLAND!**

Our annual youth group trip to King's Island is Wednesday, July 23, 2014. Bus will leave Little Flower Parking Lot at 8:00 am and will return around 12:15 am. Package Price is \$56.00 which includes bus and admission to the park.

SUBMIT FORM AND PAYMENT BY BY JULY 1ST AND PAY ONLY \$50.00! You can save \$6.00! Seating is limited and will be on a first come-first served basis.

Trip is open at all youth entering eighth grade next year and all of next year's high school students. (NO REFUNDS UNLESS TRIP IS CANCELLED)

To reserve your spot, return this form along with Payment and permission slip to Tom Costello at the Little Flower Parish Office. 4720 E 13th Street, Indianapolis, IN 46201

> EARLY RESERVATONS ARE IMPORTANT TO SECURE A PLACE ON THE BUS!

Complete other side of this form

## **KINGS ISLAND TRIP** PERMISSION FORM

Little Flower will be taking a group of young people, age 8<sup>th</sup> grade (including those just finishing 7<sup>th</sup> grade) through high school on a trip to Kings Island Amusement Park in Cincinnati, Ohio on Wednesday July 23rd for CYO day. We will be traveling by chartered motor coach. The coach will leave Little Flower parking lot **AT 8:00 am** and will return about 12:15 am. An adult will remain in the parking lot until all youth have obtained transportation home.

A chaperone will be available in the park via cell phone. There will also be one mandatory check in during the day. I will give them details on the bus. Fee of \$56.00 covers transportation and admission into the park. SIGN UP AND PAY BY JULY 1ST AND PAY ONLY \$50.00!

Please sign the following and return to Tom Costello at Little Flower, along with the appropriate fee. FIRST COME, FIRST SERVED. This trip is generally full! No refunds unless trip would happen to be cancelled. Thank you

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I/We the parent(s)/guardian(s) of \_\_\_\_\_\_ request that they be permitted to participate in the trip to Kings Island. I/We hereby release and save harmless Little Flower Parish and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip. I/We, the undersigned, have read this release and understand all of its terms and execute if voluntarily and with full knowledge of its significance.

In the event of an emergency, if we cannot be contacted, we hereby authorize that emergency treatment may be administered.

EMERGENCY CONTACT PERSON		
PHONE NUMBER		
PARENT NAME	PARENT PHONE	
PARENT SIGNATURE		
Students name (s)		
DATE		