

8TH GRADE MYSTERY TRIP

WHO: ALL ACTIVE 8TH GRADERS

**WHEN: 6:00 P.M. FRIDAY, April 6
until 3:00 P.M. SUNDAY, April 8
*** Eat Dinner BEFORE you come**

WHERE TO: IT'S A SURPRISE!

COST: \$75.00

WHAT TO BRING: SLEEPING BAG, PILLOW, TOWEL, PERSONAL GEAR, SWIMSUIT, SOCKS, AIR MATTRESS OR SOMETHING TO SLEEP ON, AND \$ FOR JUNK FOOD AND 2 MEALS (1 DINNER & 1 LUNCH)

**QUESTIONS? CALL LYNELL, 713-468-8356 EXT. 154
(Cell: 713-206-1385)**



**PERMISSION SLIPS &
MONEY DUE
TUESDAY, APRIL 3RD**

Middle School Permission Slip

Name: _____ Youth Cell Number _____
Address: _____ Zip: _____
Emergency Name: _____ Emergency Phone: _____

I hereby give permission for my youth, _____, to travel to and participate in the _____

following activity: Eighth Grade Mystery Trip. We'll meet at MDUMC at on Friday, April 6 @ 6 pm
I understand that my youth will be transported to and from these activities by vehicles operated by individuals who are willing to support our youth program. I understand that only general adult supervision of the youth can be given. I agree to release Memorial Drive United Methodist Church, its' volunteers, and staff from any liability for my youth while these activities are in progress, including transportation to and from the site.

In the event of an emergency in which medical treatment for my youth is necessary and neither parent can be contacted immediately, I hereby authorize any hospital or physician to implement such treatment as may, in their opinion, be necessary. I agree to assume all financial responsibility of said treatment. Please indicate any medical history you feel necessary for emergency purposes.

Parent Signature _____ Date _____