

# Got a Tent?



Let  
Josh Zeichik  
or  
Sue or Keith  
Lindaman how  
many people it  
will sleep!

Turn in your  
signed permission  
form  
*and*  
the \$35  
to Mrs. Sabulsky no  
later than Sunday,  
September 30<sup>th</sup>!



Contact Josh Zeichik if  
your parents can drive.

# Float Trip with



# The Image Youth

October  
5 & 6<sup>th</sup>

# Wanna Go?

Meet at E Free at  
3:30pm on October  
5<sup>th</sup>, ready to leave by  
4:00pm.

## Cost :

\$35 (which includes  
canoe rental, dinner  
Friday, breakfast &  
lunch on Saturday)

(Rain Date: October  
12-13th) If we can't  
go either date, you'll  
get a full refund.

## Bring:

- Money for fast food  
dinner on the way  
home Saturday.
- Sleeping Bag & Pillow
- Toiletries & Towel
- At least 2 sets of  
clothes (one of which  
can get wet)
- Sunscreen
- Snacks
- Water shoes (not flip  
flops, but old tennis  
shoes are okay)
- Flashlight

## Do *Not* Bring:

- **Any Electronic  
devices (i.e. cell  
phones, ipods,  
etc.)**

**Float Trip with The Image Youth  
October 5-6, 2007**

### **Permission/Release Form**

**(we can't take you without it!!)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Zip-code: \_\_\_\_\_

I give my permission for my above-named child to join the youth of the Evangelical Free Church of Columbia, Missouri to go to on the Float Trip with The Image Youth, October 5 & 6 2007. [We will leave from and return to the church]. I understand the cost of this event to be \$35 and that my child is responsible for dressing appropriately and for money for snacks throughout the day. I also understand that a full refund will be received if weather conditions prevent the group from going on this event.

I hereby release the Evangelical Free Church of Columbia, Missouri, its staff and volunteers, from responsibility and liability for any injury or illness that my child may sustain during this event. In the event of an emergency, I hereby authorize an adult leader of this event to act as my agent by consenting to an X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, anesthesiologist or dentist (as appropriate for my child) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent or Legal Guardian:

Date: \_\_\_\_\_

Emergency Contact & Phone Number:

Physical Handicaps or Limitations: \_\_\_\_\_

Medical Insurance Co.:

Policy Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_

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