

HALFMOON RECREATION TRIP PERMISSION SLIP

Weeks 5 & 6

DUE DATE: July 15th NO Exceptions!!

ONE PER CHILD

Child's Name _____

Grade (in Fall) _____

Make checks payable to: Town of Halfmoon

Please put an "X" next to the desired trips.

CLUBHOUSE
GRADES 1-2

MECHANICVILLE
GRADES 3, 4 & 5

PAVILION
GRADES 6-10

<u>Week 5: 7/27-7/30</u>	<u>Week 5: 7/27-7/30</u>	<u>Week 5: 7/27-7/30</u>
M: Swim \$3.00 _____	M: Swim \$3.00 _____	M: Swim \$4.00 _____
T: Movies \$8.00 _____	T: White Water Rafting \$23.00 _____	T: Big Ball Adventure \$12.00 _____
W: The Edge (Rock Climbing) \$14.00 _____	W: Funspot \$23.50 _____	W: Schenectady Museum \$10.00 _____
Th: Funspot \$23.50 _____	Th: Howe Caverns \$13.00 _____	Th: Bowling \$18.00 _____
<u>Week 6: 8/3-8/6</u>	<u>Week 6: 8/3-8/6</u>	<u>Week 6: 8/3-8/6</u>
M: Swim \$3.00 _____	M: Swim \$3.00 _____	M: Swim \$4.00 _____
T: Chuck E Cheese \$8.50 _____	T: Movies \$8.00 _____ @ Madison Theater	T: Funspot \$23.50 _____
W: Howe Caverns \$18.00 _____	W: Great Escape FULL \$41.00 _____	W: Great Escape FULL \$41.00 _____
Th: Liberty Ridge \$17.00 _____	SEASON PASS \$18.50 _____	SEASON PASS \$18.50 _____
	Th: Liberty Ridge \$17.00 _____	Th: Colonie Mall \$ Free _____

TOTAL: _____

If I have registered my child for lessons, I give him/her permission to skip _____ lesson(s) to attend any conflicting trips. I, _____ understand that trips are held on the days listed above and are to be paid in full by the due date. I understand that once the permission slip is turned in, **no changes can be made. I also understand that no refunds will be given for missed field trips.**

Hereby signing this permission slip, I allow my child to attend the trips selected above.

X _____ (please use pen) Phone # _____
(Parent's signature)

OFFICE USE ONLY

Initials _____ Date _____ Check # _____ Check Amt. _____ Cash _____ Credit _____