

HALFMOON RECREATION TRIP PERMISSION SLIP

Weeks 3 & 4

DUE DATE: June 29th NO Exceptions!!

ONE PER CHILD

Child's Name _____

Grade (in Fall) _____

TRIPS MARKED WITH NR NOTATION ARE NON-REFUNDABLE

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

CLUBHOUSE
GRADES 1-2

MECHANICVILLE
GRADES 3, 4 & 5

PAVILION
GRADES 6-10

<u>Week 3: 7/11-7/14</u>	<u>Week 3: 7/11-7/15</u>	<u>Week 3: 7/11-7/14</u>
M: Bowling \$16 _____ <i>Interferes with swim</i>	M: Flight Trampoline (NR) \$20 _____ <i>Interferes with swim & Waiver needed</i>	M: Serendipity Cooking Class \$12 _____
T: Guptills \$21 _____	T: Guptills \$21 _____ <i>Interferes with swim</i>	T: Guptills \$21 _____
W: Indian Ladder Farms \$7 _____	W: Funplex \$18 _____	W: Rock Climbing \$14 _____ <i>Waiver needed</i>
Th: Treepaad \$24 _____	Th: Treepaad \$24 _____ <i>Interferes with swim</i>	Th: Arts & Glass (glass fusion) \$22 _____
<u>Week 4: 7/18-7/21</u>	<u>Week 4: 7/18-7/21</u>	<u>Week 4: 7/18-7/21</u>
M: Movies @ Bowtie \$13.50 _____	M: Movies @ Bowtie \$13.50 _____	M: Adventure Racing \$24.50 _____
T: Valley Cats Game \$14 _____	T: Valley Cats Game \$14 _____	T: Valley Cats Game \$14 _____
W: Fun Spot \$23.50 _____	W: Zoom Flume \$30 _____	W: Zoom Flume \$30 _____
Th: Saratoga Fair \$12.50 _____	Th: Saratoga Fair \$12.50 _____	Th: Saratoga Fair \$14.50 _____

TOTAL: _____

If I have registered my child for lessons, I give him/her permission to skip lesson(s) to attend any conflicting trips. _____ (initials)
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 specified trips listed above with the notation (NR) will be non-refundable.** I understand that if my child is not prepared with the necessary items/waivers the day of the event, they will not be permitted to go.

By signing this permission slip, I am hereby consenting to the terms listed herein and authorizing my child to attend the trips selected above.

X _____ (please use pen) Phone # _____

(Parent's signature)

Make checks payable to: Town of Halfmoon

OFFICE

USE

ONLY

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