

Pals Program - MT. OLYMPUS FIELD TRIP

TO: All Volunteers and Parents in the Pals and Parent Pal Programs

FROM: Glen Tilot and Jamie Chaudoir, Pals Program Coordinators

WHEN: Sunday June 24th, 2018.

COST: Children-FREE (thanks to the donation from the Packers, and other smaller donors.)

Adults - \$10.00 (Includes motor coach, theme park and hot dog lunch)

LEAVE: 7:30 a.m. sharp

RETURN: 8:00-8:15 p.m.

WHERE TO MEET: parking lot next to the ADRC, 300 S. Adams Street. *Please park in a non-numbered space in the lot along Adams Street.* The smaller lot across the street between the ADRC and Seek office buildings is a lot we can also use. (**NOT** the lot next to the GB Police Department!) You may take your own car if you prefer. You will need to follow or meet at the group gate and enter with the group or you will have to pay full price.

BRING: Swimsuit, towel, water shoes or sandals, sunscreen, sunglasses, sweatshirt (in case bus is cool). You may bring games, books, DVD's, snacks and drinks for the bus ride. Also bring money for lockers, snacks, souvenirs, and supper on the way home.

We will travel in 3 air-conditioned motor coaches with restrooms and movie screens. The park has indoor and outdoor water slides, multiple roller coasters and go-cart tracks of all sizes. Go to: www.mtolympuspark.com for more info. A hotdog, chips and soda lunch will be provided in the park or you may purchase your own. Carry-ins are not allowed. Once inside the park you will be free to roam.

Parents please use your discretion whether a child will tolerate an entire day at a theme park including a 2 ¾ hour bus ride.

RSVP: First to RSVP and Pay are First Reserved! Maximum total on coaches is 165.

Send the enclosed RSVP / Consent Sheet and payment to: Pals Dells Trip, PO Box 22188, Green Bay, WI 54305
Or drop off at BCHHSD, 111 N Jefferson St, Green Bay between 8:00-4:30. **No phone or email RSVP's will be accepted.**

CHAPERONES AND TRANSPORT TO BUSES ARE AVAILABLE.



R.S.V.P. / Consent Form for WISCONSIN DELLS TRIP

PLEASE ONLY PUT THE NAMES OF PEOPLE WHO WILL BE ATTENDING IN THIS BOX.

Adult Attending:	Last Name: _____	First Name: _____	
	Parent: _____ Pal Volunteer: _____ Other: _____		
Adult Attending:	Last Name: _____	First Name: _____	
	Parent: _____ Pal Volunteer: _____ Other: _____		
Child 1:	Last Name: _____	First Name: _____	Age: _____
Child 2:	Last Name: _____	First Name: _____	Age: _____
Child 3:	Last Name: _____	First Name: _____	Age: _____
Child 4:	Last Name: _____	First Name: _____	Age: _____

Chaperone/Ride Information-Provided only if adult is not attending.

My child(ren) need(s) a chaperone: (Pals Only):

Yes _____ No _____

My child(ren) need(s) a ride to and from the bus: (Pals Only):

Yes _____ No _____

If yes, Address for pickup: _____

Address for drop off: (if different from above) _____

OR

We will be taking our own vehicle and following the motor coaches to Mt. Olympus: Yes _____ No _____

COST: Children are FREE. ADULTS: \$10.00 each. We cannot reserve your spot until payment is made.

Make checks payable to Pals Program. (Write Pals Dells Trip on bottom memo line of check)

Parent Information:

Parent's Name: _____

Address for confirmation letter: _____

Phone # _____ Email _____

Child Medical Information and Consent Form: *Consent must be filled out if parent/guardian is not attending.*

I give the above child(ren) my permission to attend the Pals Wisconsin Dells Mt. Olympus trip on June 25, 2017.

In case of emergency, I authorize the Pals staff to seek necessary medical attention. If applicable, I also consent for the release of my name, child's name and phone number to be given to the chaperones.

My MA or Insurance Group # is _____

My child takes medication: Yes _____ No _____

List medications : _____ at _____ AM or PM.

My child has the following allergies: _____

My child's pediatrician is: _____ at _____ Clinic.

Phone# _____

I consent for the Pals Program volunteer to administer my child's medication listed above.

(Send instructions for administration of meds along with child at the time you drop him / her off.

Parent/Guardian Signature _____ Phone # _____ Date _____

Return to: Pals Dells Trip, PO Box 22188, Green Bay WI 54305-2188