

"HAY" there everyone, you and your friends are invited...



... to join us for our annual Youth Ministry's

HAYRIDE and BON FIRE at STREAMS' FARM

560 Mc Henry Road Indiana, Pennsylvania

on Sunday, October 9, 2011

from 6:00 – 9:00 PM.

Bring a friend, or two, or three!

RSVP to St. Thomas More University Parish at 724-463-2277 ASAP
so we know how many hot dogs and s'mores to have on hand!

We hope to see you at this kick-off event for this year's
Junior High and Senior High Youth Ministry activities!

**Bring your signed Permission Forms with you to our first meeting,
Sunday, September 25th from 6:00-8:00 PM.**

Additional permission forms are available at the STMUP Parish Office.

Call us at 724-463-2277 for details, directions or Permission Forms.

***NOTE:** The cost for each participant is \$2.00 and, if possible, a "canned"
or "dry" good, or any other non-perishable food item.*

Your donation of food will help those who seek aid through the *Emergency Assistance Program* at STMUP. Your generosity is greatly appreciated!

PARENT-GUARDIAN CONSENT/RELEASE FORM

We, the parents/guardians of _____ do hereby give our permission for him/her to attend: **Junior/Senior Youth Ministry Hayride at Streams Farm**

Date _____ Parent/Guardian Signature _____
Parent/Guardian Signature _____

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number: _____

If we are unavailable, contact (name) _____ phone number _____
Our Insurance Company is _____ policy number _____

Date _____ Parent/Guardian Signature _____
Parent/Guardian Signature _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student Name _____ Home phone _____
Address _____ City _____ Zip _____
Age _____ Grade _____ High School/City _____
Parish/City _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note: _____
