

MS HOCKEY TRIP



Jan 26th
\$30

- PERMISSION SLIPS NEED TURNED IN BY January 23rd
- MEET AT THE NEXT GEN BUILDING AT 2PM
- ONE MEAL WILL BE PROVIDED
- GET BACK AROUND 11 PM

What We're Doing:

Middle School Hockey Trip

Middle Schooler's are invited to go see a hockey game with us! The Tri-City Americans will be playing Portland. We will meet at the NextGen building @2pm. We will leave La Grande by 2:30 to have dinner in Tri-Cities before the hockey game. After the hockey game, we will head home, expecting to arrive between 11-11:30pm.

Note: Students will need to bring additional money for concessions at the hockey and snacks.

Date: Friday, January 26th

Time: 2:00pm – 11:30pm

Cost: \$30 per student

Includes – Ticket, one meal, travel

Who To Contact:

Contact Joe & Kelly Brown with any Q's using any of the following:
541-910-6600 (Joe) + 541-805-0895 (Kelly) + youthpastor@lgfaithcenter.com (email)

Permission Slips Due by **Tuesday, January 23rd**

(Keep this form for your info, return permission form to register)

Parent Permission Form For
Faith Center Youth Ministries

From Faith Center Foursquare Church of La Grande, OR

As legal parent/guardian of _____ (student first & last name)

I give permission for their participation in Faith Center's event:

Middle School Hockey Trip

In case of medical emergency, I give permission to the staff and leadership of Faith Center to seek medical care for my student. I further understand that in the case of an emergency I will not hold Faith Center leaders or church responsible. I realize that they will always seek reasonable safety measures.

Insurance policy number: _____

Insurance Provider: _____

Student Sex: _____ Student Age: _____

In case of emergency, please notify: _____

Contact's Relationship to Student: _____

Home/Cell Phone: _____ Work Phone: _____

*Additional knowledge we should have about your student,
including but not limited to behavioral and/or medical information:*



I give Faith Center permission to post pictures containing my student on church social media.

(If box left blank, no pictures will be posted containing your student. This does NOT disqualify student from participating)

Name of Parent or Guardian: _____

Parent/Guardian Signature: _____ Date: _____