

Christian Service Brigade #834
Grace Chapel
Lexington, MA

Activity and Location: **FALL RETREAT New England Frontier Camp**

Special outing for: **STOCKADE 834** Date: **OCTOBER 26-28**

Fee: **\$40.00** Date fee due: **OCTOBER 24**

Meeting place and time: **Grace Chapel 4 P.M. OCTOBER 26**

Return time and date: **4:30 P.M. OCTOBER 28**

Permission slips due: **OCTOBER 24**

Are parents invited? **YES DADS** No:

Are siblings invited? **YES** No:

Bring: **SEE ATTACHED LIST**

I give my child _____ permission to attend the
_____ outing from _____ to _____.

Furthermore, if I can't be contacted in case of emergency, I hereby give permission for him to receive any necessary emergency medical attention.

Parent or Guardian: _____ Date: _____

Telephone number(s) where you can be reached *during this event.* _____

(Checks made payable to *Grace Chapel Stockade*) \$ _____ attached

Number of parents and siblings attending if invited: _____

\$ _____ attached for parents and siblings if invited.

If unable to hand deliver by: OCTOBER 24, please mail to:

Bill Frizzell
1628 Mass Ave
Lexington, MA 02420