Magic Springs/Crystal Falls & Skillet Concert June 4, 2011

Cost for Magic Springs Money for Locker Rentals or Souvenirs

Dear Parents,

After an amazing Godpleasers Tour and Mission trip – we are excited to reward the teenagers with a fun day and special concert! We will be taking the youth to Magic Springs and Crystal Falls on Saturday, June 4 for a fun filled day of riding rollercoaster's, playing at the Water Park & a special concert by Skillet. Some of Skillet's songs include: *Hero, Monster, Lucy, Awake & Alive,* and *Don't Wake Me.* Skillet is always one of the teenager's favorite performers. It's going to be an awesome concert!!

Admission to the park and meals are provided. We will depart from the church at 10:00 AM and return after the concert is over (around midnight). The teenagers will need to bring an appropriate swimsuit, beach towel, and money for locker rentals or souvenirs they may wish to purchase during our outing.

If any parents want to Chaperone this event, please text or call Mrs. Alesha at 250-3895. It truly is a joy to be working with your precious Teenagers! God is so Good; All the Time!

In Christ,

Alesha Presley

| First United Methodist Church 1099 West Pine |
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| Heber Springs, AR 72543 |
| Child's Name: |
| Date of Birth: Home Phone: |
| Parent's Cell Phone: |
| Child's Cell Phone: |
| Emergency Contact Other than Parent: |
| Name: |
| Phone: |
| I authorize that my son / daughter has permission to attend all youth group events. |
| Date: |
| I also give my permission for his / her transportation in a church or private vehicle driven by a counselor. |

I will not hold FUMC responsible for any damages or liabilities that may occur during participation in this activity.

In addition, should an emergency arise, and I cannot be reached, I authorize one of the adult counselors of FUMC to sign for medical care.

| Parent or Guardian Signature | | - |
|---------------------------------------|-------|---|
| Date: | - | |
| Allergies | | |
| Medications | | _ |
| Family Doctor | Phone | |
| Please attach a copy of medical card. | | |