

Buffalo Valley Activity Trip

Activity Attending: _____

Activity Site: _____

Activity Start Date: _____

Activity End Date: _____

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

Sponsor Attending: _____

Sponsor's Cell #: _____

Additional Sponsor(s): _____

Hotel: _____

Hotel Phone: _____

Additional
Information:

(Cut And Retain Top Half)

PERMIT TO ATTEND EVENT

_____ has my permission to attend the _____

Student's Name

Activity

to _____ on _____

Location

Date

I understand the student will be under school supervision, however, the school and those in charge will not be held responsible in case of an accident.

Parent/Guardian Signature