

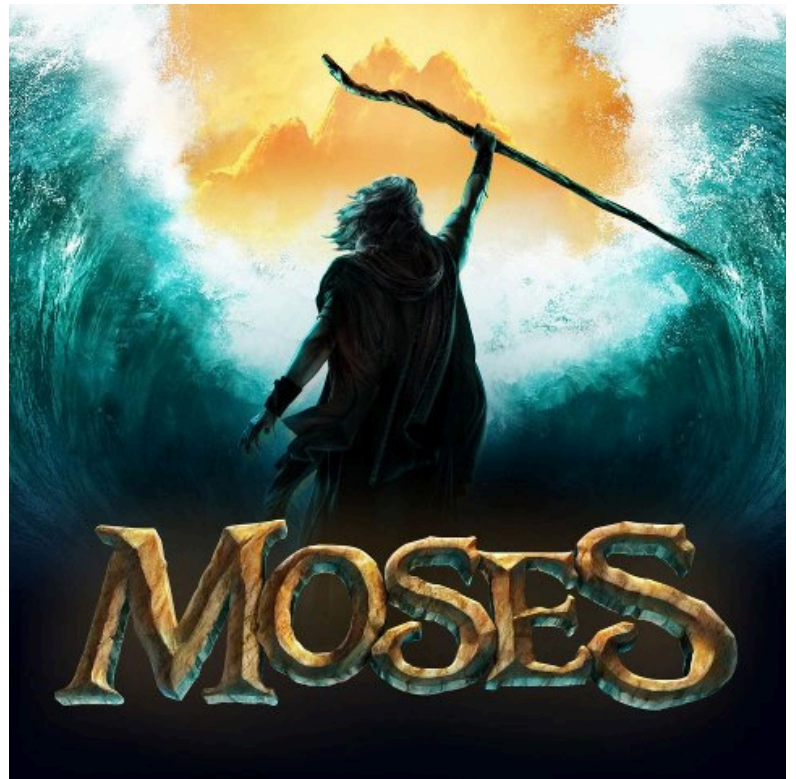
A show for all ages...

Come to

SIGHT & SOUND
THEATRES*

in Lancaster, PA

**Saturday,
November 29th
9am-8:30pm**



9:00am: Bus departs from St. Elizabeth's
12:00pm: Lunch at Miller's Smorgasbord
2:45pm: Show
5:30pm: Bus ride home with boxed dinner
8:30pm: Arrive back at St. Elizabeth's

Cost (includes ticket + lunch + bus + dinner):

\$70 youth (3 to 12 years old)

\$100 teen (13 to 19 years old)

\$140 adult (20 years old and over)

Checks payable to St. Elizabeth's.

Return form & payment to the Parish Center ASAP.

Registration form on reverse.

Don't miss out!!!

Please return this form to the Parish Center ASAP. Space is limited!

For more info please contact:

Lynn Albanese at lralbanese@optonline.net

St. Elizabeth's Church, Wyckoff, NJ

Saturday, November 29, 2014— Trip to Sight & Sound Theatres to see "Moses"

Cost: **\$70** for youth (12 & under) **\$100** for teen (13 to 19) or **\$140** for adult (20+)

Checks payable to St. Elizabeth's.

of Tickets: Adult _____ Teen _____ Youth _____ Email _____

List Name(s) _____

Home Phone # _____ Cell # _____

Address _____ City/State/Zip _____

Emergency Contact _____ Phone _____ Relation _____

Health Insurance Co. _____ Policy Number _____

Please indicate any special medical problems, dietary needs or allergies: _____

Family Physician _____ Phone _____

For participant(s) under 18 years old not accompanied by a parent/guardian:

Parent/Guardian: Please read carefully and sign below

I request that my son/daughter participate in the above described activity and consent to the mode of transportation as indicated. Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Elizabeth's Church to act on my behalf and approve appropriate treatment.

I specifically waive any and all claims of any nature I may have against St. Elizabeth's Church, the Roman Catholic Archdiocese of Newark, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my son/daughter en route to, during, and/or returning from the activity.

I further understand that parish representatives are NOT permitted to dispense medication.

Parent/Guardian Name _____

Signature of Parent/Guardian _____ Date _____