



**CHRIST THE KING CYO
HAUNTED HAYRIDE
THURSDAY
OCTOBER 29, 2009**



PLACE: **VALLEY OF FEAR & THE ORIGINAL HAUNTED HAYRIDE**
@ PHOENIX SPORTS CLUB
301 W. BRISTOL ROAD, FEASTERVILLE. PA.

PRICE: \$ 25.00 - INCLUDES HAUNTED HAYRIDE, HOUSE, & MAZE
\$ 33.00 - INCLUDES HAUNTED HAYRIDE, HOUSE, MAZE & BUS

Chaperones & students who wish to drive rather than take the bus, will pay \$25.00..

PLEASE NOTE: The facility charges a \$5.00 parking fee.

We will meet at Chrit the King parking lot at 5:45pm. **BUSES WILL LEAVE AT 6:00PM SHARP!** We will return at approximately 9:30 - 9:45.

PLEASE DETACH AND RETURN THE PERMISSION SLIP IN AN ENVELOP TO THE ATTENTION OF: **MS. DIMATTEO - CYO HAYRIDE -- NO LATER THAN WEDNESDAY - OCTOBER 21, 2009**

My child _____ in Grade _____ Rm. _____ has permission to attend the haunted hayride with Christ the King CYO on Thursday, October 29, 2009.

Please mark no# for each:

NOT GOING ON THE BUS

GOING ON THE BUS

HAUNTED HAYRIDE, HOUSE, & MAZE _____ @ \$25.00

HAUNTED HAYRIDE, HOUSE, & MAZE _____ @ \$33.00

AMOUNT ENCLOSED: _____

Please mark the appropriate statement: .

- A. My child will walk _____ or will be picked up _____ from Christ the King parking lot upon return.
- B. My child will attend the hayride but will not ride on the bus _____ .

PARENT/GUARDIAN SIGNATURE: _____

CHAPERONES ONLY: (Siblings may attend only if a parent/guardian is attending, they may ride on the bus only if space is available .)

Chaperone Name: _____ WILL _____ WILL NOT _____ ride on bus.

EMERGENCY CONTACT # _____