



1501 SW 7th Street Atlantic, IA 50022 712- 243-2518/800-842-8065

2019 SFB Excursion -- Permission Form

Child's Name- _____

Excursion Date: _____

Excursion Location: _____

Cost: \$ _____ per person.

Notes:

\$ _____ cost will include transportation to and from the destination only. All other costs will be up to each person attending (price of admission, meals, souvenirs, special interests, etc.)

Enclosed \$ _____ to cover the cost of the trip.

*Children under 12 years of age must be accompanied by an adult.

Attending person's phone # _____

Emergency, contact and phone _____

Parent/Guardian Signature _____