



Student Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Emergency Phone _____

Student Cell _____ Carrier _____

\$49 Per Person

Check _____ Cash _____ Student Account _____

[Make Checks Payable to Lakeside Fellowship Church]

We will leave LFC Tuesday, June 30 at 7:30 am

We will return to LFC Tuesday, June 30 at 10:30 pm

I hereby agree to all conditions stated therein and give permission for my youth named above to attend Islands of Adventure June 30, 2010. I also understand that in the case of an emergency, or if I must cancel only funds that are not already committed or spent, if any, will be refunded.

Sign _____ Date _____

(Parent/Guardian)