

Team Letter _____

**DREAM TEAM PERMISSION SLIP
UNDER 18**

SATURDAY, NOVEMBER 4, 2017

Rain date, Sunday, November 5, 2017 at noon

Juice, donuts and snacks at 8:30

Be in Parish Parking lot, no later than 9AM

YOU MUST CHECK IN

Pick up will be at the same location at 3:00

PARTICIPANT'S NAME _____ **Grade** _____ **Confirmation Student** Y N
Adult Family Member participating: _____

Parent Name: _____

In case of emergency, I can be reached by phone at:

PARENT PHONE NUMBER HOME: _____ **CELL:** _____

I give my child _____ permission to take part in the Dream Team activities on Saturday November 4, (rain date November 5). I realize my child will be driving in private car to different locations in the Danvers area.

PARENT SIGNATURE: _____

Please bring this permission slip with you on Saturday, November 4.

"Happy are those concerned for the less fortunate; when misfortune strikes, the Lord delivers them." Psalm 41