



YOWSA St. Paul Saints GAME

This is not a Chisago Lakes school district #2144 sponsored event/activity. All costs for this promotion have been paid for by the sponsoring organization.

"Take me out to the ball game . . . "

WHEN: Wednesday, August 11, from 10 a.m. – 5:00 p.m.
WHERE: Midway Stadium
WHO: All incoming 6th . 2010 graduates. Friends and families welcome!
COST: **\$15** for reserved seat, parking and transportation.
Bring your own spending money for snacks and fun stuff.



THE PLAN: We'll meet at **Trinity Lutheran** in Lindstrom at **10 a.m.** Then we'll head to the ball park and watch the game! After the game, we'll return to Lindstrom and be at Trinity around 5 p.m. **Please make sure that you have a ride waiting for you** when we get back!

Please get the **bottom half** of this sheet back to your church by **Sunday, August 1, with your \$15.** The **top half** is for you.

Questions? Call:

Linda 257-5129

Alicia or Todd 257-2713

Joe 257-6300

Jackie 257-5351 ex. 56

Justin 257-2677

Bonnie 257-4306

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ST. PAUL SAINTS GAME **August 11, 2010**

Please make checks (\$15) payable to YOWSA. Thanks!

_____ has my permission to participate in the YOWSA Twins Game on **August 11, 2010** from 10 a.m.- 5 p.m. The group will be traveling to and from the Midway Stadium and watching a game at the Midway Stadium. This event is sponsored by the Chisago Lakes Area Churches.

While reasonable adult supervision is given, in case of an emergency, accident, or injury, I give permission for my child to receive medical treatment if needed. I hereby release YOWSA (Trinity Lutheran, Chisago Lake Lutheran, Zion Lutheran, St. Bridget Catholic, First United Methodist, and Chisago Lake Evangelical Free Churches), their staffs and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the event. I will be contacted as soon as possible.

Signature of
Parent/Guardian _____

Home phone: _____ Other phone: _____ Where can we reach you: _____
Doctor: _____ Phone: _____
Fairview Lakes Hosp. - Wyoming 982-7000 St. Croix Clinic 800-642-1336
Please let us know of any allergies, medications beings taken, etc.

Parents: Would you be willing to chaperone? yes _____ no _____
My child belongs to (church) _____
I was invited by _____