

# Field Trip Permission Form

Your child's class will be attending a field trip to: Des Moines, Iowa for State Color Guard Competition

<i>Date</i>	Thursday, December 5 <sup>th</sup> - Saturday, December 7 <sup>th</sup>	<i>Time</i>	5:30 PM, Thursday, December 5 <sup>th</sup> - 12:15 AM (approx), Saturday, December 7 <sup>th</sup>
<i>Location</i>	<b>Hotel:</b> Days Inn Des Moines-West Clive 1600 NW 114 <sup>th</sup> Street Clive, IA 50325 Phone (515-226-1600)	<b>Competition:</b> Wells Fargo Arena 730 - 3 <sup>rd</sup> Street Des Moines, IA 50309 Director's Phone (563-343-5840)	
<i>Cost</i>	\$42.00 Total: \$30.00 to cover hotel accommodations - \$12 to cover DVD and photo CD Due by Tuesday, November 26 <sup>th</sup> , 2013. Write any checks to Megan Assenmacher-Umthun and return to either myself or my husband.		
<i>Transportation</i>	School vehicles driven by Megan Assenmacher-Umthun and Jenny Hopper.		
<i>Notes</i>	Please look at the website <a href="http://bobcatcolorguard.yolasite.com">http://bobcatcolorguard.yolasite.com</a> for information about Team and Individual photos. We will be taking a professional team photo at ISDTA by Tim McConnell. Your student is not required to purchase this. For example, I will be purchasing the Formal, 8x10, Traditional Pose for \$18. There are other options available. You may wait until the day of competition to order, but prices will be 25% higher due to Wells Fargo commission. Please note on the slip if you would like to purchase a team photo and add that fee to your check if applicable.		

Please return this permission slip by: Tuesday, November 26<sup>th</sup>, 2013. Return to myself or my husband.

I give permission for my child \_\_\_\_\_  
 to attend the field trip to Des Moines, IA on December 5<sup>th</sup> to December 7<sup>th</sup>  
 from 5:30 PM to 12:15 AM (approx)

Enclosed is \$ \_\_\_\_\_ For Hotel/DVD and Photo Fee. \$42.00 cost due Tuesday, November 26<sup>th</sup>, 2013.  
 Enclosed is \$ \_\_\_\_\_ For TEAM or INDIVIDUAL photos. Indicate on the back of this slip what type/package you wish to order.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_