

St. Paul Youth Group Presents...

Apple Picking 2011



What is it?

The annual **Apple Picking outing** is an opportunity for our youth group to get together and just spend a relaxing afternoon in the Orchards of Concklin. It's a fun experience and a great afternoon to spend renewing old friendships and making new ones, not to mention picking some delicious apples to eat on the spot or take home to make an apple pie!

The cost is \$10 and includes transportation and admission to the orchards. It does not include the cost of any apples the groupie may pick or other purchases while at the orchards.

When is it?

The annual **Apple Picking outing** will be held directly following the noon mass on September 25th, 2011 (Weather Permitting! Rain Date: October 2nd, 2011). We will meet in the school parking lot near the youth office between the end of the noon mass (approx. 12:50pm) and 1:00pm. Please do not be late! We expect to return to the parking lot at approximately 4:30pm.

Where is it?

The **Apple Picking outing** is held at the Orchards of Concklin in Pomona, NY.

How do I sign up?

Submit this form along with your fee and 2011-2012 Medical & Registration Forms.

DEADLINE: September 20th, 2011

SPACE IS LIMITED ON A FIRST COME FIRST SERVE BASIS!!!

For more information, contact Eric Erlor: stpaulsyouthministry@gmail.com; (201) 327-0976

PLEASE NOTE: Cost should never be a reason a student cannot attend an event.

Financial aid is available by contacting the Office of Youth Ministry

REGISTRATION FORM

Name: _____ Age: _____ Grade: _____

Address: _____

Date Of Birth: ____/____/____ Telephone #: (____) ____-____

E-Mail: _____

Cost of trip = \$10

I give permission for my son/daughter to attend the St. Paul **Apple Picking outing** leaving from and returning to St. Paul School and held at The Orchards of Conklin in Pomona, NY on September 25th, 2011 (Rain Date October 2nd, 2011). I hereby waive and release any and all claims for damages that I may have against St. Paul Church and all of its agents, employees, and servants for any and all injuries that may occur while taking part in your program. I also understand that if my child becomes ill or destructive, either the parent/guardian or an emergency contact will be called.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: ____/____/____

Participant Signature: _____

Date: ____/____/____

Medical Information: All medical/emergency information is collected on a separate form which must be submitted before your child is dropped off for this event. Please complete the medical form and submit it with this form and your registration fee. If you have already completed a 2011-2012 medical form, read and initial the statement below.

Medical Update: (Only for those who have already submitted a 2011-2012 Medical Form) I understand that it is my responsibility to provide accurate and up to date medical information prior to my child being dropped off for this event. By initialing below I acknowledge that I have submitted a 2011-2012 medical form and that no changes need to be made to the information I have already provided.

Initials of Parent/Guardian: _____

If there are any additional questions, please don't hesitate to contact us!

Office Use Only:

Y.M. Reg. ____ St. Paul Reg. ____ Arch. Reg. n/a Medical ____ Deposit n/a Balance \$ n/a Paid in Full ____