

JOIN US FOR A DAY OF

FUN IN THE SUN

*MORE THAN 10 CHURCH
BANDS WILL BE PERFORMING
ON 2 STAGES THROUGHOUT
THE DAY*

**MORE THAT 30 RIDES,
INDOORS AND OUTDOORS.**



SATURDAY, APRIL 11, 2015

CHURCH VAN WILL LEAVE WOHCF AT 7:00 AM

AND RETURN BEFORE 8:00 PM.

ITEMS TO BRING: SNACKS, SACK LUNCH, SPENDING MONEY FOR LOCKER, MISCELLANEOUS ITEMS, FOOD IF YOU CHOOSE NOT TO BRING SACK LUNCH, TOWEL, CHANGE OF CLOTHES, SWIM SUIT (MUST BE MODEST, BOY AND GIRL MUST WEAR SHIRT), DRINKS

**** ICE CHEST WILL BE PROVIDED FOR DRINKS****

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

STEVE MARTIN – (409) 748-0811 OR TAMMY MARTIN – (409) 718-5695

WOHCF – Family Faith Day Permission Form Schlitterbahn- Galveston, TX

****PLEASE LET US KNOW BY WEDNESDAY APRIL 1ST IF YOU PLAN TO COME ****

April 11, 2015

Cost: \$18 (if registered by April 1)

Tickets will be available at gate for \$27.99

Payable to:
Well of Hope Christian Fellowship
P.O. Box 1433 Bridge City, TX 77611

NAME _____

ADDRESS _____

PARENT'S CELL _____

PARENT'S EMAIL _____

I give my child, _____

permission to attend with **Well Of Hope Christian Fellowship Youth Group** to Schlitterbahn Waterpark in Galveston, TX on April 11, 2015 .

I further authorize an adult, in whose care the minor has been entrusted, to consent to any medical treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician. I agree to be liable and agree to pay all cost and expenses incurred in connection with such medical services. I also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above event. In no way shall I hold Well of Hope Christian Fellowship Church and its representatives accountable for any injury and /or subsequent expense incurred by the participant. By signing below, I acknowledge and accept the risks of injury associated with participation.

****MY CHILD CAN / CANNOT SWIM****

PARENT'S SIGNATURE

OFFICE USE:

PAID _____ CHECK # _____ CASH _____ RECEIVED BY _____

Cut and return with non-refundable payment by April 1st @ Youth Service
