

# A. B. L. E.

(Adventure Based Learning Experience)

September 20, 2015  
2:30pm to 5:30pm  
Includes snack and Pizza at 5:30pm

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other special needs: \_\_\_\_\_

Can we have permission to photograph your child? \_\_\_\_\_

Would you be willing to bring a snack: \_\_\_\_\_

Cost: \$20.00                      Check# \_\_\_\_\_                      Cash \_\_\_\_\_

Parish: St. Vincent DePaul \_\_\_\_\_                      St. Mary's \_\_\_\_\_                      St. Columba \_\_\_\_\_