

KING OF PRUSSIA HAYRIDE

Please Send Forms to:
Jess Feil
587 Watford La
Berwyn, PA 19312
DO NOT SEND TO
REGIONAL OFFICE

Hosted by King of Prussia BBYO
Date: Saturday, November 8, 2003 to
Sunday, November 9, 2003
Time: 6:45 pm - 7:30 am
Place: King of Prussia, PA

Forms Due:
October 31, 2003
Cost: \$20, Checks made payable
to K.O.P. BBYO. Only those who
have sent in forms will be
allowed to attend. We will NOT
accept forms at the Hayride!!!

- Please bring canned food to donate to the local food pantry
- There will be a LATE SNACK, dinner will not be provided
- Bring all items you need for a sleep over

DROP OFF: 6:45 pm, Duncan Farms, 966 Valley Forge Road, Devon, PA 19333
PICK UP: 7:30 am, Temple Brith Achim, 418 S. Gulph Road, King of Prussia, PA 19406

Name: _____ Chapter: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: (____) _____

Any Questions? Call advisors: Adina Rubin (484)-322-0049 or David Hulnick
(267)-386-1254 or Lee Gordon (610)-489-6391, or N'siah Jess Feil (610)-695-0141

I grant my teen permission to attend INTER-CITY. I understand my teen may drive to the INTER-CITY. I understand BBYO will provide supervision at the program. I release BBYO from liability for injury and if I'm unable to be reached, I give the advisor of the city permission to act on my behalf for care and treatment. I understand my teen must obey BBYO rules and regulations. Violations are subject to being sent home at his own expense. I understand there is a six month suspension if caught/suspected of either drugs or alcohol. I understand BBYO is a non-smoking organization. This means from the time he/she leaves home and arrives back home to the same location. BBYO is not responsible for lost items at the INTER-CITY. I will be responsible for any damage that results from my child's negligence.

Parent's Signature

**** IF YOU ARE NOT THERE
BY 7:00, THE HAYRIDE WILL
LEAVE WITHOUT YOU**

**TO BE FILLED OUT BY PARENT/
GUARDIAN:**

If there is any medication you son/daughter takes during the weekend, or any medical problems, please indicate. (Include allergies in general.) Medical conditions and medications are kept confidential.

Medical Insurance Carrier and Numbers

2nd Emergency Contact Person and Number

I certify that all information and signatures are correct and proper. I understand that it is against BBYO policy to be in possession of, or use drugs and/or alcohol. This will result in my suspension from BBYO for six months.

Participant's signature