



**Deerfield Community Center
Youth Field Trip
Permission Slip**

Field Trip Registering for: _____

Cost of the Field Trip: _____ Field Trip Date: _____

Leaving Time: _____ Returning Time: _____

Registration Due Date: _____

Participants Name: _____ Age/Grade: _____

Address: _____

Home Phone: _____

_____ **YES**, my child(ren) _____
has my permission to attend the above mentioned Deerfield Community
Center Field Trip. He/she will have all of the needed items to attend the
trip.

Parent Signature

Date

**Return this form and all fees to the Deerfield Community Center at
3 West Deerfield Street, P.O. Box 404, Deerfield, WI 53531 on or
before the registration deadline.**