# Field Trip Permission Form

<table>
<thead>
<tr>
<th>Date</th>
<th>Thursday, April 26, 2018</th>
<th>Time</th>
<th>Varies – please see below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Retro Planet Family Entertainment Centre, Barrie, Ontario</td>
<td></td>
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<tr>
<td>Cost</td>
<td>$36.25 or 7.25 Youth Centre Volunteer Hours</td>
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<tr>
<td>Transportation</td>
<td>Bus, Sinton Transportation</td>
<td></td>
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<tr>
<td>Contact:</td>
<td>Wasaga Beach Youth Centre: 705-422-2494, Trip Cell Phone: 705-351-1384</td>
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**Notes**
- Two options for pick up/drop off:
  - Option #1: Birchview Dunes Elementary School pick up time 3:45pm, return by 10:15pm
  - Option #2: Wasaga Beach Youth Centre pick up time 4:15pm, return by 9:45pm
- Cost includes, bus, all you can play laser tag, mini putt and video games.
- Please note that not all arcade games are included in all you can play admission, if you wish to play these games please bring extra money for tokens – please refer to Retro Planet’s Website for token prices.
- Youth may want to bring money to use at the concession stand or to buy souvenirs.

*Must have minimum of 18 youth for this trip to run, so INVITE A FRIEND!*

Please return this permission slip by: Thursday, April 12, 2018

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**Youth’s Name:** ___________________________  has permission to attend the **Field trip to:** Retro Planet on **Thursday, April 26th, 2018**

from __________ to __________

**Please check your preferred drop off/pick up option:**

Option #1: Birchview Dunes Elementary School: PICK UP ___  DROP OFF ___
Option #2: Wasaga Beach Youth Centre: PICK UP ___  DROP OFF ___

**Payment:**  $________  and/or  _______ Youth Centre Volunteer Hours (1hr = $5)

As a part of this trip pictures may be taken and may be used in future marketing materials and/or on social media. Please check whether your youth may or may not have his/her picture taken.

____ Please do not take my youth’s picture  _______ My youth may have his/her picture taken

In case of an emergency, I give permission for my youth to receive medical treatment. In case of such an emergency, please contact:

**Name** ___________________________  **Phone** ___________________________

**Parent/Guardian Signature** ________________________  **Date** __________