

B'NAI AMOONA'S ATID AMOONA

**5TH AND 6TH GRADERS ARE
ARE GOING TO CITY MUSEUM!!!**

- ◆ **When:** Sunday, October 25, 2009
- ◆ **Drop-off:** B'nai Amoona Foyer at 12:00 pm
- ◆ **Pickup:** B'nai Amoona Foyer at 3:30 pm
- ◆ **Cost:** \$15.00
- ◆ **Food:** Pizza lunch included
- ◆ **RSVP:** Send enclosed form with your check made payable to **BAUSY** to the Youth office by **Monday, October 19, 2009**
- ◆ **Contact:** Youth Department:
(314) 576-9990 ext. 119 or
Jodi@bnaiamoona.com



www.bausy.com

Atid Amoona - City Museum - October 25, 2009

Name _____

Home Phone _____

Parent/Guardian name _____

Cell Phone/Pager _____

Emergency Contact _____

Name (Other than Parents) _____

Phone Number _____

My Child _____ has my permission to attend the youth programming with the B'nai Amoona Youth. I release Congregation B'nai Amoona Youth Program and all agents thereof from any liability resulting from this program. In case of medical emergency, I hereby authorize the youth director and/or the program leaders to secure proper medical treatment as deemed necessary by a qualified physician in the event I cannot be reached.

Signature of Parent or Guardian

Date