

**K'FAR OVERNIGHT - SESSION ONE**  
**PERMISSION SLIP**

There will be a **K'far overnight for your child on Tuesday, July 13, 2010 at Skateland**. We will provide your child with dinner as well as breakfast and lunch on the following day. All food is Kosher. If your child requires vegetarian meals, please contact Josh Greenberg, K'far Program Director at 651-423-1485.

If an emergency were to occur during the overnight, we will contact you at the emergency number listed below. Depending upon the nature of the emergency, we may require that you pick up your child at camp. If you need to contact your child during an overnight, please call Josh Greenberg, K'far Program Director at 651-423-1485, or call the JCC 651-698-0751 and have the camp director paged as soon as possible.

EQUIPMENT TO BRING FOR TRIP:

_____ Sleeping bag (or 3 blankets and a waterproof groundcover)	_____ Towel
_____ Flashlight	_____ Warm jacket (only if needed)
_____ Toothbrush / hairbrush	_____ Sweatpants & sweatshirt or something lighter to sleep in if the weather is hot
_____ Extra socks	_____ Camp clothes for the next day
_____ Bathing suit	_____ Insect repellent
_____ Old clothes & jeans for the evening	_____ Raincoat

Please do not let your children bring more equipment than what is listed, as transporting it can become a problem

PLEASE RETURN THE BOTTOM OF THIS FORM TO YOUR CHILD'S COUNSELOR BY MONDAY, JULY 12, 2010

If you have any questions or concerns, please feel free to call Josh Greenberg, K'far Program Director at Camp Butwin at 651-423-1485.

If you change your plans for July 14, 2009, please call the camp and leave a number where you can be reached in an emergency. Thank you!

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Child's Name: \_\_\_\_\_ Group # \_\_\_\_\_

My child's bus stop: \_\_\_\_\_ Emergency phone # \_\_\_\_\_

Please circle one: Yes, I give my permission for my child to participate in the overnight at Skateland on July 13, 2010.

No, My child will not be participating in the overnight.

**My child has evening  or morning  medication Yes  No**

Please be sure to send medication in original bottle the day prior to the overnight to allow our Nurse to properly and safely plan.

Signature of Parent of Guardian: \_\_\_\_\_