

IMMANUEL

Shop... 'til You Drop

Christmas shopping, date night, relax at home—the evening is yours!

Dec
8TH

After school until 11:00 PM
Crafts • Games • Fellowship
Food • Movies • Friends

\$15 for first
\$10 for each
additional child

Open to 4-year-olds through 5th grade!

Registrations due Tuesday, December 5th

Hosted by your Immanuel PTL

**COMPLETE THE BACK SIDE
& RETURN FORM TO
SCHOOL OFFICE BY TUES-
DAY, DECEMBER 5TH**



*Volunteers
Needed!*

We are looking for parents willing to help chaperone the event. If you can help, please mark your availability below. Thank YOU!

Name _____

Phone _____

_____ 3:00 PM until 7:00 PM

_____ 7:00 PM until 11:00 PM

_____ OTHER hourly range _____



Immanuel Shop... 'til you Drop
Participation/Medical Release Form

Please Print

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Address _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Insurance Provider _____ Policy _____

Emergency Contact _____ Phone _____

Medical Concerns/Allergies _____

Estimated pick-up time (if planning early pickup) _____

Estimated arrival time (if not staying after school) _____

***Registration fee of \$15 (\$10 per additional child) must accompany the participation form to reserve your spot.**

The participant (s) listed above have permission to engage in the activities included in the Immanuel Lutheran School Shop ... 'til you Drop on December 8, 2017. I understand Immanuel Lutheran School and PTL are not responsible for any accidents or injuries that may occur during the event. In the event I cannot be reached in an emergency, I hereby give permission to the event leaders and/or staff to take necessary action. I also give permission for any emergency medical care to be given as deemed necessary by a licensed physician, paramedic, or emergency medical technician due to accident, injury, or illness.

PARENT SIGNATURE _____ DATE _____

Signature of Parent/Guardian _____ Date _____