

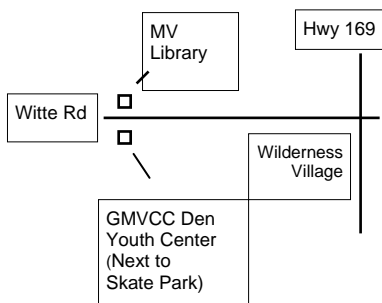


**CORN MAZE TRIP
OCTOBER 10TH!**

Please fill out
permission slip on
back of flyer

For more
information call
425-432-1272
or email
[meganm](mailto:meganm@maplevalleycc.org) or
[kristiane](mailto:kristiane@maplevalleycc.org) @
maplevalleycc.org

THE DEN



Rutledge Corn Maze

FOUR MAZES & ONE HAUNTED MAZE!

Friday, October 10th
3-10:30 pm
Leaving from the Den

Cost: \$15

Please bring extra money or
a sack lunch for dinner



My child_____ (age____) has my permission to attend a trip to the Corn Maze with GMVCC's Teen Trips on October 10th, 2008. I release GMVCC and its affiliates from any liability if an injury should happen to my child. I further give my permission for GMVCC's staff to provide emergency first aid and CPR care if the need arises and to contact outside medical services at my expense if the need arises.

Parent Signature_____

Print Parent Name_____

Address_____

Home Phone # _____ Cell # _____ Work # _____

Emergency Contact Name: _____ Phone # _____

Relationship_____