

Shanty Town Permission Slip
Central Lutheran Church Youth

shanty Town



*Everyone deserves a decent place
to rest their head.*

Date: Saturday May 19th – Sunday May 20th, 2018
Arrival: Saturday, May 19th at 4:30 PM
Dismissal: Sunday, May 20th at 9:00 AM
Location: Central's Parking Lot

Come with a group, or by yourself, and spend the night under the stars in a self-made cardboard shanty to raise awareness and benefit the construction of a future Habitat for Humanity home in the area. T-shirts and meals will be provided.

Cost: \$10 (can be paid upon arrival at Shanty Town)

Collecting Donations: students are also encouraged to collect donations on their own before the event and turn in donation envelopes marked with their names at the event.

What to Bring: Large cardboard boxes, duct tape, sleeping bag/pillow, weather-appropriate clothes, flashlight, personal care items.

What **Not to Bring:** weapons of any sort, food or beverages(remember part of the experience is to go without excess)

Parents – We Need Your Help! Please check out the variety of activities (some prior to May 13) with which you can assist. A little help by many hands will make this a successful event! Please go to the church website clcdedgerton.org and follow the shanty town link to see the opportunities available and to sign up.

If weather is dangerous (thunder & lightening, tornado warning) we will move into the fellowship hall. Students must stay on CLC property at all times during this event.

Questions/concerns? Contact Heather 608-216-5397 or youth_clc@yahoo.com

Fill out and return bottom portion of this form by **May 7th**
CLC Youth Shanty Town

Student Name: _____ T-shirt size: _____ Age: _____

Parent Name: _____ Interested in chaperoning: _____yes _____no

I give permission for my child to participate in the Central Lutheran Church Youth's Shanty Town on May 13th and 14th 2017. I understand that while Central Lutheran Church will make reasonable efforts to ensure the safety of my child, I will not hold Central Lutheran Church, its leaders, or volunteers responsible in the event of an accident. In the event of illness or emergency, I give my permission for the group leader, in consultation with the doctor, to make a decision regarding treatment, or other medically necessary treatments for the child named above in the event that the parent or guardian cannot be reached.

Parent Signature: _____ **Date:** _____

Parent contact numbers where parent/guardian can be reached during the event:

Please include any allergies or other relevant medical information on the back side of this form.