

Calling all 6th & 7th Grade Jewish Teens...
JOIN BBYO CONNECT
FOR THE TRIPOLI SHRINE
CIRCUS



SUNDAY, FEBRUARY 24TH
2:00PM - 5:00PM

Bus will leave and return to the MJDS Parking Lot
(6401 N. Santa Monica Blvd)

ONLY \$20

Includes transportation, ticket and a snack

RSVP by February 13th - No Walk-Ups Allowed

QUESTIONS CALL 414-326-2808 OR EMAIL WISC@BBYO.ORG

(please return form to BBYO, 6255 N. Santa Monica Blvd, Whitefish Bay, WI 53217)

My child, _____, will be attending the Circus Outing.

- ◇ **I have enclosed a check/cash for \$20**
- ◇ **Please charge my credit card \$20. Mastercard/Visa/American Express (please circle one)**

Name of cardholder: _____

Billing Address of the card: _____

CC Number _____ Exp. Date _____ Security Code _____

In the event of illness or injury, I hereby give my permission for the BBYO staff to take my son/daughter to the nearest doctor or hospital for emergency treatment. In the event that I cannot be reached by telephone, I hereby authorize the doctor and/or hospital to perform whatever treatment is indicated; and therefore agree to pay costs involved.

Parent Signature _____

Parent Email _____ Parent Phone Number _____