

# TORONTO

## I.S. Senior Trip

July 27 - July 30

Highlights of the 4-day & 3-night trip:

Niagara Falls

Maid of the Mist

Canada's Wonderland

Ontario Science Center

Toronto Blue Jays Game

And Much More...

Cost: \$550 per-person

Includes all meals, admissions and accommodations in hotel

Deadline to enroll - April 1<sup>st</sup>



**Mark & Laura Newfield**  
Owners/Directors

**PARENTAL CONSENT FORM FOR CAMPERS ON THE SENIOR TRIP**

I grant my child permission to participate in the *Toronto, Canada trip being offered from July 27, 2008 – July 30, 2008*. I understand that Iroquois Springs will be sponsoring and supervising the entire trip and will be transporting my child from Rock Hill, NY.

In addition, I also authorize Iroquois Springs, IN CASE OF SURGICAL OR MEDICAL EMERGENCY, the permission to the physician selected by the Camp Director or his appointee, to hospitalize, secure proper treatment for; and order injections, anesthesia or surgery for the child named below. Every effort will be made by the camp administration to immediately contact parents in the event of an emergency.

Please provide the necessary information below in order to fully execute this permission form:

**CHILD'S FULL NAME:** \_\_\_\_\_

**MOTHER'S SIGNATURE:** \_\_\_\_\_

**FATHER'S SIGNATURE:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**I HAVE CHOSEN TO PAY THE \$550 FEE FOR THE TORONTO TRIP BY:**

**Credit Card (Master / Visa / Discover):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date (Month / Year):** \_\_\_\_ / \_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**OR**

**Check Enclosed for \$550 made payable to Iroquois Springs**

PO Box 20126  
DIX HILLS, NY 11746  
PHONE 631.462.2550  
FAX 631.462.0779

[www.iroquoissprings.com](http://www.iroquoissprings.com)  
E-mail: [summers@iroquoissprings.com](mailto:summers@iroquoissprings.com)

PO Box 487  
ROCK HILL, NY 12775  
PHONE 845.434.6500  
FAX 845.434.6508