

ROLLER SKATING / PIZZA PARTY



Our annual Roller Skating / Pizza party is scheduled for Monday, February 20, 2012. We will be skating at Roller Kingdom in Tyngsboro (3/4 of a mile after crossing the Tyngsboro bridge heading toward Nashua).

Skating will start at 10:00 a.m. until 12:00 noon. The pizza party will follow at Saint Michael church hall (below the church). **The cost will be \$2.00 for skating.**

Students may bring their own skates/rollerblades or they may rent them at the rink for \$3.00.

The cost of the pizza party will be \$3.00 for 2 slices of pizza and a can of soda. If you want more pizza, additional tickets may be purchased. To avoid delay or pizza shortage, we are asking you to purchase your tickets in advance.

DIRECTIONS:

Roller Kingdom - Middlesex Road - Tyngsboro, MA - Telephone # 649-3440

Pawtucket Boulevard (Route 113 North - Cross over the Tyngsboro Bridge - Take a right onto Middlesex Road - Roller Kingdom is $\frac{3}{4}$ mile up on the right.

Hope to see you there!!

Mrs. Chisholm



**PLEASE FILL OUT FORM BELOW AND SIGN THE PERMISSION SLIP ON THE BACK
RETURN TO SCHOOL BY FEBRUARY 10, 2012.**

Oldest Child's Name: _____ Grade _____ Teacher _____

_____ of Pizza / Drink Tickets at \$3.00 = \$ _____

_____ of Roller Skating Tickets at \$2.00 = \$ _____

PARENT PERMISSION SLIP

School Name: Saint Michael School Date: February 1, 2012

I, as parent or guardian, give permission for _____
(Student's first and last name)

to attend Roller Skating (Roller Kingdom, Tyngsboro) Pizza Party (Church Hall)
(Event and Place)

On Monday, February 20, 2012 from 10:00-12:00 at Roller Kingdom, 12:15-1:15 Church
(Date) (Returning)

for Annual Roller Skating / Pizza Party 1st day of Vacation

Mode of Transportation: Own Transport

Teacher in Charge: Mrs. Chisholm, Mr. Stone,

Students will be accompanied by an appropriate number of adults: teachers, aides, parents and/or school volunteers.

CONSENT AND RELEASE

I hereby give my permission to my son/daughter, named above, to participate with Saint Michael School on their field trip as outlined above. I further agree that the Archdiocese of Boston, Reverend Albert L. Capone, Saint Michael School, Mrs. Mary Frances Chisholm and the faculty of Saint Michael School shall be held harmless from and indemnified against any and all liabilities, costs, claims, loss or damage which it or they may incur as a result of any accident or injury to my son/daughter.

In the event that I cannot be reached in an EMERGENCY, permission is also hereby given for any medical treatment which may be necessary or reasonable in the event an accident or injury occurs or in the event that any illness manifests itself.

Signed: _____ Date: _____

Address: _____

Telephone: (Home) _____ (Business) _____

Primary Care Doctor: _____ Telephone: _____

Hospital: _____

Insurance Company: _____

Policy Holder: _____ Policy Number: _____