

Join the F.A.S.T. (Fight Against Starvation Today)

Who: All high school youth

What: 4:00 PM Teen Mass

A banquet to create hunger awareness

A dance to conclude the event

When: Saturday, March 14th

Where: St. Ludmila Parish
and Holy Family School

DANCE!

Krystal DJ will host the dance
immediately following the banquet.

Admission to the dance is 2 non-perishable food items.

Dance will end at 9:00PM.



See your Youth
Minister for more
information!

**FORMS DUE
MARCH 11th**



This event is brought to you
by CRAYM

Please return Registration Forms to

Sarah White
St. Matthew Parish
2310 1st Ave. NE
Cedar Rapids, IA 52402

Off-site Event Permission Form

School/Parish/Program Name: *CR Catholic Hunger Experience*

Person in Charge: CRAYM Representatives

Date: March 14, 2009

Grades: 9-12

Event and Purpose: A banquet and dance for hunger prevention and awareness.

Cost of the Event: Two non-perishable food items

Name _____ Sex: M F

Address _____

Phone (H) _____ (C) _____

School _____ Grade _____

Parent/Guardian _____ Parish _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ to attend this event.

(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by **Wednesday, March 11th**

Supervisor's Signature _____

(Principal, C/DRE, Youth Director, Pastor, etc.)