Son Harvest Raspberry Farm Trip

When: Friday, September 9th
Time: Depart Shoshoni School at 1:30pm
Return by 4:00pm at the Shoshoni Rec.
Age: Pre-K-6th grade
Cost: $15.00
Limit: 26 (4 and older to ride the vans)

Join us on a trip to Son Harvest Farms to pick some raspberries. If you have any allergies please let the SRD #24 staff know. Proper shoes should be worn considering the fact that we will be spending time outside amongst large raspberry bushes. SRD will be picking up the students at Shoshoni School and take them to the Raspberry farm. There will be no activity bus to take the kids home. They must be picked up from the Rec building at 4:00 pm or Raspberry farms at 3:30pm by parent or pre-approved individual. You must sign your child out prior to leaving the rec.

REGISTRATION INFORMATION

- **DEADLINE:** Thursday, September 1st
- Please send your completed registration to:
  PO BOX 356
  Shoshoni, WY 82649
- Return it to Elementary office or to the SRD Office located at 97 S. Maple in Shoshoni

---

Shoshoni Recreation District #24 Registration

Phone #: (307)876-2663
Email: rec24@wyoming.com **Website:** www.srd24.com
Mailing Address: PO Box 356, Shoshoni, WY 82649
Physical Address: 97 S. Maple, Shoshoni WY
Please either mail this form or bring it in to the SRD Office.
SRD is not responsible for fees/registrations not turned directly in to the SRD Office.
PLEASE PRINT AND WRITE CLEARLY.

Shoshoni Recreation District #24
Live to Play. Play to Live.

Participant's Name: _____ Age:_____ Sex: M/F
First Last

Participant's Name: _____ Age:_____ Sex: M/F
First Last

Participant's Name: _____ Age:_____ Sex: M/F
First Last

Participant's Name: _____ Age:_____ Sex: M/F
First Last

Pick up at: Son Harvest Farms at 3:30pm_____ SRD at 4:00pm_____

Parent's/Guardian's Name:_____
(If participant is under 18) First Last

Person other than parent allowed to pick-up child: _____ _____
(please see disclosure on the bottom of this form) First Last Phone Number

Mailing Address:_____ _____ _____ _____
PO Box/Street Address City State Zip

Phone #'s: _____ _____ _____
Home Cell Work

Emergency Contact: (not you) _____ _____
Name Phone #

I further give permission for the above participant(s) to be treated medically. I hereby release SonHarvest Seasons, SRD #24 and staff/volunteers associated with this organization from any liability while participating in **Son Harvest Raspberry Farm Trip** I further give permission for the above participant to be treated medically if my emergency contact cannot be reached. I also understand that I will assume the cost of treatment. Please visit our website at www.srd24.com for additional registrations. Your picture may be taken while participating in SRD events and used in our publications. Fees must be paid in full before the deadline; refunds will only be granted if the SRD is notified 24 hours prior to the start of the program. For more details on our cancelation policy please refer to srd24.com or call the main office. No tobacco of any kind is permitted within 50 feet of any SRD facilities or vehicles. SRD is not responsible for lost or stolen registrations or fees. We highly suggest that payments are given to us in envelopes labeled SRD. No persons other than a parent or the alternate pick up listed above will be allowed to pick up the registered child unless SRD is given proper notice.

Signature:_____ Date:_____

OFFICE ONLY: Payment type($15.00): Cash_____ Check_____