

2007-08 PIN PRESS
BOWLING: EPISODE III: REVENGE OF THE PINS

BOWLING IS BACK!!!

Back by popular demand---our Bowling Program has returned for **JH STUDENTS ONLY**. There are limited spaces and the **times and dates** set are:

MONDAYS: 2:30-4:00 pm **November 5, 12, 26** **December 3, 10, 17**

The cost is \$45 for the session which includes shoes, ball and two games. If you have your own shoes and do not bowl two games, the cost is the same. You register by **session**, not by individual dates. There are **no refunds** for absence, lack of interest, doctor appointments, etc. because we **rent** the lanes ahead of time.

- Students do not register by teams. Lanes are first come first serve, and **no scores** are tracked for a league; the bowling is **just for fun**.
- This is a school sponsored event, so **school rules and policies are in effect**, and chaperones are considered staff. Mr. Fedinec reserves the right to make teams as needed if numbers are greater than six per lane. Students may bring an appropriate change of clothing and extra money for snacks. No students may be at Lisle Lanes if they are not registered, and will be asked to leave.
- No student may walk home from Lisle Lanes or go home with an unauthorized person unless I receive a note ahead of time.
- Students must be picked up by 4:15 pm. There is no option of returning to SJA for JHASA or extended day.

If parent/guardian is driving his or her own student or carpool, the student goes to their regular dismissal lot. Students requiring a ride meet in the Junior High Lobby and will be dismissed to the carpool cars for the bowlers waiting after the regular pick ups. Drivers going to Lisle Lanes enter the bowling alley from the rear entrance going along the North side or plumbing supply side of the building and leaving going up the South or Snow Valley side of the building. Pick-ups are the same. Lisle police will enforce this as will the bowling alley because of traffic delays on Rte. 53. We have had great success with this program because of the volunteers, chaperones, and drivers. We do need your help again. A confirmation letter with directions and times will be sent back to those who volunteer.

Please fill out the attached permission slip, driver, and volunteer forms and return them to the homeroom teachers. They will forward them to Mr. Fedinec. Please- -no cash! Checks only, written out to St. Joan of Arc. **Space is limited**; slips are due by Friday, November 2..

Thanks again, and I hope to see you there.

Mr. Fedinec (tough but tiny!), Bowling Coordinator

smp/a-n/bowling

FIELD TRIP AUTHORIZATION FORM
JOLIET DIOCESAN SCHOOL SYSTEM

I request that St. Joan of Arc School take my child _____
to **Lisle Lanes on Rte. 53 to participate in our bowling program.**

I hereby release and indemnify St. Joan of Arc School in Lisle, Illinois, its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

RELEASE: If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their judgment to transport the child to a hospital emergency room.

_____ I have completed the "Protecting God's Children" workshop and am available to chaperone.
I would like to be considered.

Signature of Parent or Guardian _____ Date _____

Address _____
(Street) _____ City _____ State IL Zip _____

Phone number where I can be reached during the event: () _____

Student's Name _____ Homeroom _____

Parent/Guardian _____ Date _____

Home phone # _____ Cell phone # _____

Emergency #/s _____

Emergency contact and phone number/s if you cannot be reached between 2-5pm Mondays:

CHECK ALL THAT APPLY

_____ \$45.00 check payable to St. Joan of Arc School attached/enclosed

_____ I will drop off pick up my own child

_____ I will make arrangements for drop off and pick up by 4pm.

_____ My child needs a ride to bowling and I will pick up or make arrangements by 4pm.

_____ I would like to volunteer at Lisle Lanes from 2:30pm to 4pm on the following circled dates

November 5, 12, 26 December 3, 10, 17

_____ I would like to volunteer as a **driver** to Lisle Lanes from 2:30pm to 4pm on these following circled dates. My vehicle can hold _____ students

November 5, 12, 26 December 3, 10, 17

Please fill out the attached driver form. Your car should line up in the South Lot after regular dismissal is done.

--over--

FIELD TRIP AUTHORIZATION FORM
JOLIET DIOCESAN SCHOOL SYSTEM

On _____ will be taking a field trip to _____
(day, date) (class & homeroom)

The educational benefit of this trip will be _____.

We will leave school at _____
(time)
and arrive back to school by _____. There will be _____ chaperones per _____
children. Transportation will be by _____. The cost of the trip will be \$_____
(bus, foot, etc.) (amount)

LUNCH NEEDED _____ CLOTHING _____

Please return the signed permission slip with the money by _____.
(date)

Thank you.

Teacher/s

HOMEROOM/GRADE & FIELD TRIP LOCATION

I request that **St. Joan of Arc School** take my child _____
Name & Homeroom
on a field trip to the above location.

I hereby release and indemnify **St. Joan of Arc Parish School, Lisle, Illinois**, its staff, volunteers and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

RELEASE: If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their judgment to transport the child to a hospital emergency room.

Signature of Parent or Guardian _____ Date _____

Address _____
(Street) City State Zip

Phone number where I can be reached during the event: () _____

Name of Student & Homeroom: _____
_____ I have completed the "Protecting God's Children" workshop and am available to chaperone.
I would like to be considered.

**FIELD TRIP
DRIVER INFORMATION FORM**

SCHOOL: ST. JOAN OF ARC

CITY: LISLE 60532

DRIVER

Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Phone # () _____

Driver's License # _____ Date of Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policy* _____

Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature _____ **Date**

