



School Based Youth Services

At Cape May County Technical High School

188 Crest Haven Road

Cape May Court House NJ 08210

(609) 380-0209 ext 686

Dear Parent/Guardian,

The SBYS program is going to **Six Flags Great Adventure** in Jackson, NJ for “Fright Fest” on **Saturday, September 30, 2017**. We will be gathering at **11:45 am** and departing from the CMCTHS front parking lot at **12:00 noon**. We will be returning to school at approximately **12:00 midnight**.

We plan to take up to 49 students and 4-5 adults. **There are a limited number of seats--first come, first serve.** The adults will consist of SBYS staff and other adult volunteers, some of whom you may know as teachers in the school. Parents are hereby advised that due to the nature of the trip and the fact that students will be on rides, *students will NOT be supervised at all times*. Students will receive SBYS cell phone numbers to call if staff assistance is needed.

The cost of this trip will be **\$40.00 per student**. The cost includes coach bus transportation, driver tip, and admission ticket to Six Flags (**\$5.00 for those who already have a season pass**). **Checks are payable to “Cape Counseling Services”**. Payment is due at time of sign up and is non-refundable.

Students will be responsible for lunch/dinner cost and/or any additional spending money. **Terror Trails are an additional cost per trail. Students pay for these tickets on their own once they are inside the park.**

My student _____ has permission to attend the Fright Fest SBYS trip on Saturday, September 30, 2017.

***Please note if there are any medical concerns that staff ought to be aware of:**
(Examples may include, but are not limited to the following: asthma, allergies, diabetes, medications, recent injuries, etc.) _____

***Please provide an emergency contact number that we may use on the day of the trip in the event that we need to contact you (Parent/ Guardian):** _____

***Please provide a number to be contacted prior to the trip in case of any changes or reminders:** _____

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Student Cell Phone:** _____

* All students attending must also have an SBYS consent form signed.



School Based Youth Services

At Cape May County Technical High School

188 Crest Haven Road

Cape May Court House NJ 08210

(609) 380-0209 ext 686

Six Flags Great Adventure "Fright Fest" Reminder Slip

Date: Saturday, September 30, 2017

Location: Six Flags Great Adventure @ 1 Six Flags Boulevard, Jackson, NJ 08527

Cost: \$40.00/person includes admission ticket, bus, and driver tip

Payment due..... At sign-up with completed permission slip

Additional Costs..... Money for food (no outside food permitted) in park, Terror Trails, spending money

Itinerary:

11:45 a.m. (prompt) Gather at Cape May Tech

12:00 noon (prompt) Coach bus departs Cape May Tech

12:00 midnight (approximate). Return to Cape May Tech

******PLEASE CALL 609-380-0209 x686 IF YOU ARE UNABLE TO ATTEND SO THAT ANOTHER STUDENT WILL HAVE THE OPPORTUNITY TO ATTEND.******

Staff Cell Phone Numbers day of trip: (609) 425-4601, (609) 425- 4931, (609) 425-6542