

Calvary Kids  
1051 Landis Valley Road, Lancaster, PA 17601, 717-560-2341



**Let's Roll!**

## Field Trip Permission Form

Activity for: **Calvary 56**

Date of Activity: **Tuesday, July 21, 2026**

Drop off: **222 Dutch Lanes**  
**4311 Oregon Pike**  
**Ephrata, PA 17522**

Event: **Bowling and Mini Golf**

Pick-up: **222 Dutch Lanes**

Drop-off: **1:00 PM**

Pick-up: **3:30 PM**

Cost: **\$17.00 INCLUDES 2 games of bowling, bowling shoes,  
22 holes of mini golf**

Person in Charge: **Meg Iseman, Director of Calvary 56**

[miseman@calvarychurch.org](mailto:miseman@calvarychurch.org)

**717-823-1594** (cell number to reach me on the day of the event)

**Bring this FORM and PAYMENT with you to SUNDAY SCHOOL by July 5. PAYMENT can be in the form of CASH (exact amount, please) or CHECK made out to CALVARY CHURCH.**

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**Let's Roll!**

### Bowling and Mini Golf

Participant's Name: \_\_\_\_\_ **Shoe Size (needed for bowling)** \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone Number(s): \_\_\_\_\_

Allergies or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my son/daughter to attend the above event. In the event of injury, I release Calvary Church from any claim. I give permission for my son/daughter to ride in any vehicle designated by the adult in charge. I give permission for the person in charge to seek medical services if needed. If you have HMO, please state requirements of that policy below in order for person in charge to seek medical help.

Parent Signature\_\_\_\_\_Date\_\_\_\_\_