

**PACE-MONMOUTH**  
**OFF SITE PERMISSION FORM**  
**Please return bottom half by November 15, 2014**

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**EVENT: Engineering Trip to Cradle of Aviation Museum in Garden City, NY**

**DATE OF EVENT: Saturday, November 22, 2014**

- 8:00 AM** - Board bus - Brookdale Community College (**Parking Lot 6**)
- 8:25 AM** - Bus departs from Brookdale Community College (**Parking Lot 6**)
- 10:00 AM** - Arrive at Cradle of Aviation Museum
- 11:00 AM** - Lunch Red Planet Café – Museum Premises
- 11:50 AM** - Assemble at Dome Theatre for Feature Movie
- 1:10 PM** - Tour/Participate in Museum Activities
- 4:00 PM** - Assemble at Museum Store Area – Souvenir Purchase/Pre-Departure
- 4:15 PM** - Board bus for departure to Brookdale Community College
- 4:30 PM** - Bus departs Cradle of Aviation Museum
- 6:00 PM** - Bus arrives at Brookdale Community College (**Parking Lot 6**)

***To contact the Trip Coordinators, call 732-245-2361 or 908-226-0116***

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STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

TEL. NO. \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

MEDICAL INSURANCE CARRIER AND POLICY #: \_\_\_\_\_

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**PARENT/GUARDIAN MUST SIGN AGREEMENT FORM BELOW AFTER READING**

In case of an emergency or illness, PACE-Monmouth may give consent for emergency treatment for the student named above, for which I am the parent/guardian. (It is highly recommended that you provide PACE-Monmouth with medical insurance information for your child in case of emergency.)

I agree that the student named above is taking this trip with PACE-Monmouth with my permission and I will fully accept responsibility for her/his well being (physical, mental health, and behavior) and release PACE-Monmouth of any liability for the student.

**PARENT/GUARDIAN**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_