HONDO FFA



State FFA Convention Permission Form

Your child will be attending a trip to:

Corpus Christi, Texas

| Date | July | uly 14-17 | | | Leaving @ 8:00am, 7/14; Return @ 5:00pm 7/17 | | | | |
|--|--------------|---|------|--|--|--|--|--|--|
| Location | | American Bank Center | | | | | | | |
| Cost | | \$50.00 per student - Deposit Due June 4; Deposit will be applied to registration and housing costs | | | | | | | |
| Transportat | | on | HISD | | | | | | |
| Notes | are a | Gtudents will be responsible for paying for their meals, souvenirs, and any additional expenses that are applied to individual rooms (phone charges, damages to room, etc.) Most students spend \$100-150 during the week for meals, etc. | | | | | | | |
| | 5014 Corp | Lodging: Candlewood Suites 5014 Crosstown Expressway Corpus Christi, TX 78415 (361) 853-3413 | | | | | | | |
| | Plea | Please attach a copy of the appropriate medical insurance card for your child. | | | | | | | |
| Please return this permission slip by:Thursday, June 4 | | | | | | | | | |

| I give permission for my child | | | | | | | | | |
|---|---------------------------------------|---|------------------|--|--|--|--|--|--|
| to attend the trip to | Texas FFA Convention | on | July 14-17, 2015 | | | | | | |
| from Hondo | to Corpus Christi | | | | | | | | |
| Enclosed is \$ _50.00 | for the deposit. (Exact cash or check | for the deposit. (Exact cash or check made payable to Hondo FFA.) | | | | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | | | | | |
| Name | | | Phone | | | | | | |
| | | | | | | | | | |
| Parent/Guardian Signatur | e | | Date | | | | | | |