



President's Week Trips

February 21st – 24th at the Samuel Field Y

• 8AM – 6PM • Grades K – 7 •

- \$65 per day: Current After-School & Camp Families
- \$80 per day: Non-members

Please Note: Pre-Registration is required. If space is available, an additional \$10 will be charged for day-of-event registration

All children must be dropped off & picked up at the Samuel Field Y
58-20 Little Neck Parkway, Little Neck, NY

Please pack your child with a lunch for all trip **except** Thursday, February 23rd

Tuesday, February 21st : Go on a pirate themed adventure through 18 exciting holes at *Shipwrecked Mini Golf*

Wednesday, February 22nd: Bring your game face for a day of fun with your friends at *Sports Hub*

Thursday, February 23rd: Get creative and paint your own canvas masterpiece, and enjoy pizza for lunch

Friday, February 24th: Bake a box of delicious cookies to take home and share



To register and get more information please contact
Andy Gavora
 718.225.6750 x261
 AGavora@sfy.org

Child's Name: _____ Grade: _____

Add'l Child's Name: _____ Grade: _____

Please Choose: Current After School/Camp Family: _____ Non Member Family: _____

Please Check: 2/21 _____ 2/22 _____ 2/23 _____ 2/24 _____

Payment Method: Cash _____ Check# _____ Credit Card _____ exp: _____

Parent Name: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Phone #: _____

Address: _____

Parent Email: _____

Please Note: We will be unable to provide refunds due to absence, illness, or necessary trip changes. Supervision will not be provided before 8:00 AM or after 6:00 PM, unless registered for the Samuel Field Y's Extended Care. Pre-registration preferred. All trips are subject to minimum registration. All checks made payable to the Samuel Field Y. Applicant hereby gives permission to the Samuel Field Y for use of all digital media for the purpose of publication and/or on display on behalf of the Samuel Field Y.

In case of emergency, I hereby authorize the Samuel Field Y to consult a doctor or hospital who (and whomever they may designate as their assistants) is hereby authorized to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child.

Parent Signature: _____ Date: _____