

RICHFIELD JOINT SCHOOL DISTRICT NO. 1

3117 HIGHWAY 167
RICHFIELD, WISCONSIN 53076
628-1032

Dear Parent/Guardian:

Our 8th grade class plans to take a field trip on **Wednesday, February 15, 2011** to a **Milwaukee Wave Soccer Game**.

We will leave Richfield School at **9:30 a.m.** and return at approximately **1:45 p.m.**

Transportation will be provided by school bus and the cost per student will be **\$4.00**.

OBJECTIVE: This game correlates with the Making Waves School Programs.

SPECIAL NOTATIONS: Students should bring money along for lunch at McDonalds and any concessions they may want to purchase.

There are 3 additional tickets available at \$10.00 per ticket. These are on a first come, first serve basis. Please contact Paul Shelsta at shelstap@richfield.k12.wi.us if you are interested in attending using one of these tickets.

If you will allow your child to participate in the above-described event, please complete the permission form below and return it along with the fee to **Mr. Shelsta** on or before **Thursday, February 9, 2012**. Thank you for your cooperation.

Mr. Shelsta

If financial help is necessary for your child to attend this field trip, please contact Dr. Elliott Moeser at 628-1032. Confidential arrangements can be made.

PERMISSION SLIP

(Detach and return to Mr. Shelsta)

I hereby grant permission for _____ to participate in the above-described activity (**Milwaukee Wave Soccer Game**) sponsored by the school, on **February 15, 2012**.

Comments:

Date

Signature of Parent/Guardian

Phone number of where Parent/Guardian may be reached **during this field trip**.