

TACKY LIGHT TOUR 2015

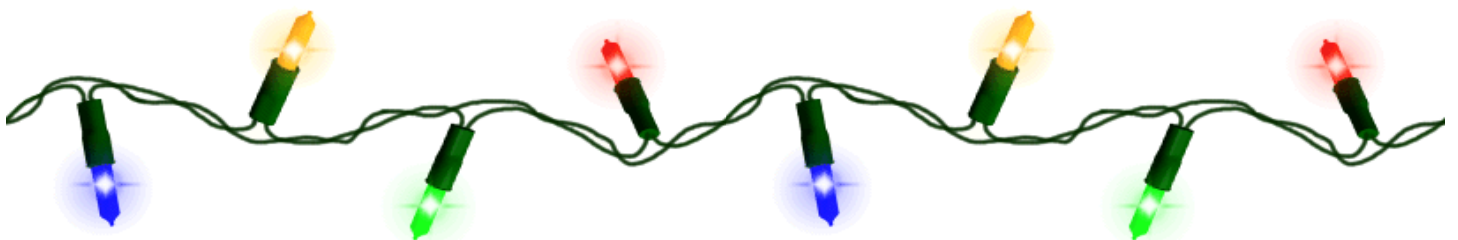
Join us as we take our annual **Tacky Light Tour** around Richmond! After meeting at St. Edward to load our fancy buses, we'll spend 3 hours watching Christmas movies, singing Christmas carols, sharing Christmas snacks, and visiting the most amazing (and tacky) Christmas light displays around town!

People of all ages are welcome to attend! Youth in grades 6-12 are allowed to attend without an adult; kids in grades K-5 MUST have a parent/guardian with them.

Forms can be turned in to Joan (Director of Evangelization) or Katie (Youth Minister).

**FRIDAY
DEC. 18
7-10PM**

**TURN IN THIS FORM TO RESERVE
YOUR SEAT BY MONDAY, DEC. 14!**



TACKY LIGHT TOUR

FRIDAY, 12/18 @7-10PM

For office use only:

- Paid \$_____ cash
 Paid \$_____ by check
(check # _____)
 Other: _____

Last Name: _____

Please fill out BOX #1 for a youth participant **OR** BOX #2 for a family attending together.
Attach CASH or CHECK and return to Katie (for 6th-12th grade teens) or Joan (for families)
by **MONDAY, DECEMBER 14th**.

BOX #1

FOR 6TH-12TH GRADE YOUTH PARTICIPANTS

Name: _____
Grade: _____ School: _____ Youth Email: _____
Home Phone: _____ Youth Cell Phone: _____ Text? Y / N
Street Address: _____ City: _____ Zip: _____
Parent/Guardian Name: _____
Parent Email: _____ Parent Cell Phone: _____ Text? Y / N
Medical Insurance Company Name: _____ Number: _____
Allergies: _____ Special Needs: _____
In an emergency, I authorize the adult in charge to seek assistance and/or treatment (sign): _____
I give permission for pictures and/or videos of my child to be used on parish social media (initial): _____

COST: \$15/participant (\$45 family maximum)

Makes checks out to St. Edward, memo line "LAST NAME—Tacky Light Tour"

BOX #2

FOR FAMILY PARTICIPANTS

Family Last Name: _____ Head of Family's First Name: _____
Other Adult Family Members: _____
Other Youth Family Members: _____
Grades: _____ Schools: _____
Family Email: _____ Home Phone: _____
Family Cell Phone: _____ Text? Y / N
Family Street Address: _____ City: _____ Zip: _____
Medical Insurance Company Name: _____ Number: _____
Allergies: _____ Special Needs: _____
In an emergency, I authorize the adult in charge to seek assistance and/or treatment (sign): _____
I give permission for pictures and/or videos of my family to be used on parish social media (initial): _____

COST: \$15/participant (\$45 family maximum)

Makes checks out to St. Edward, memo line "LAST NAME—Tacky Light Tour"