

A SOUTHAMPTON YOUTH BUREAU EVENT:

SHERLOCK HOLMES

ESCAPE ROOM

AND OPEN GYM NIGHT

FRIDAY, OCTOBER 4TH

AT SYS, 1370A MAJORS PATH

7:30PM - 10:00PM OPEN TO GRADES 5 - 12

\$5 ADMISSION \$2 TRANSPORTATION AVAILABLE

**COME ON OUT FOR BASKETBALL, SOCCER, KICKBALL,
WIFFLE BALL, AND TRY TO ESCAPE THE ROOM
IF YOU DARE!**

30 MINUTE ESCAPE ROOM SESSIONS WILL BEGIN AT 7:30PM.

SPACE IS LIMITED & PRE-REGISTRATIONS ARE PREFERRED! FOR MORE INFORMATION OR TO PRE-REGISTER, PLEASE CALL (631) 702-2425 OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU



SOUTHAMPTON YOUTH BUREAU

@SOUTHAMPTONYB

ESCAPE ROOM & OPEN GYM NIGHT AT SYS

TRANSPORTATION SCHEDULE/PERMISSION SLIP

NEED A RIDE? CALL (631) 702-2425 TO RESERVE TRANSPORTATION!

	<u>Departs</u>	<u>Returns</u>
Flanders Community Center	6:55pm	10:40pm
Hampton Bays High School	7:15pm	10:20pm

My child, _____ has my permission to ride on the Southampton Youth Bureau bus on **Friday, October 4th 2019** to the **Escape Room & Open Gym Night event at 1370A Majors Path, North Sea**. I understand that I am responsible for getting my child to the arranged bus stop at the appropriate time and for picking him/her up at the designated return time. Should an emergency arise, or should the bus arrive at the stop earlier or later than planned, I can be reached at:

Home # _____ Cell # _____

Email Address _____

On the return trip, riders will only be dropped off at the same stop at which they boarded. Other destination requests will not be honored. I also consent to photographs being taken of my child, understanding they may be used for promotional purposes.

Child's Name _____ Date of Birth _____ Grade _____

School _____

Home Address _____

Town _____ Zip _____

If I cannot be reached, please contact:

Name _____

(Please circle one)

Work/Home/Cell # _____

Parent's Name (Please print)

Parent/Guardian Signature _____ Date _____