



School Based Youth Services

At Cape May County Technical High School

188 Crest Haven Road

Cape May Court House NJ 08210

(609) 380-0209 ext 686

As part of our Summer programming, SBYS has planned the following trip:

- **Trip Description:** Shopping at Tanger Outlets in Lewes, Delaware.
- **Date of Trip:** Thursday, August 23, 2018
- **Gather Time and Place:** 7:45 am @ Cape May-Lewes Ferry Terminal at 1200 Lincoln Boulevard in North Cape May. **Those attending must be present by 8:00 am in order to purchase tickets at the group rate.**
- **Return Time and Place:** 9:15 pm @ Cape May-Lewes Ferry Terminal in North Cape May
- **Trip Transportation:** We will be taking the Cape May-Lewes Ferry and the shuttle once in Delaware to the outlets for shopping.
- **Cost:** Non-refundable \$10.00 per person due at sign-up. Checks may be made payable to **Cape Counseling Services**. Those attending will be responsible for any spending money they wish to carry with them.
- **Food:** Those attending will be responsible for lunch and dinner costs or you may bring a bag lunch and/or dinner.
- **Attire:** Comfortable attire for shopping. Sneakers are recommended since the trip involves a lot of walking. Backpacks come in handy for carrying purchases.
- **Other:** Parents/guardians are hereby advised that due to the nature of the trip and the fact that students will be on their own on the Ferry and at each shopping center, students will NOT be supervised at all times. Parent/guardian must be present if minor attending is not a student of Cape Tech. Students will receive SBYS cell phone numbers on the day of the trip.

Please complete the information below and return this permission slip to SBYS as soon as possible. Space is available on a first-come, first-serve basis. All students attending must also have a signed SBYS consent form on file.

❖ My student _____ has permission to attend this SBYS trip.

❖ Name of parent/guardian attending with student: _____

❖ Total number in party: _____

❖ Medical concerns that staff ought to be aware of (Examples may include, but are not limited to the following: asthma, allergies, diabetes, medications, recent injuries, etc.):

❖ Parent/Guardian Phone Number(s): _____

❖ Student Phone Number(s): _____

❖ Parent/Guardian Signature: _____ Date _____

❖ Student Signature: _____ Date _____

SBYS is a program of Cape Counseling Services funded by NJ's Department of Children & Families.
****This field trip is not affiliated or chaperoned by the Cape May County Technical School District.****



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TRIP REMINDER SLIP

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- **Staff Cell Phone Numbers Day of Event:** (609) 425-4601, (609) 425-4931

PLEASE CALL 609-380-0209, extension 686, IF YOU ARE UNABLE TO GO. THIS WILL ALLOW ANOTHER STUDENT THE OPPORTUNITY TO ATTEND. THANK YOU.

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