

2024 High School Turkey Hunt

Date: Saturday, November 23, 2024

Time & Starting Place: 5:30 pm SHARP at VBC Sugar Grove Campus

Ending: 10:30 pm Students will return to the VBC Sugar Grove Campus following the conclusion of the hunt and can be picked up there by parents.

What: A non-stop action packed road rally to see who will win the prized "Turkey" trophy! Will your team be the quickest and sharpest ones to unfold all of the clues? The Turkey Hunt will be followed by food, door prizes and a challenging message! A maximum of 8 total people per vehicle including the driver! You can have up to two adults.

Questions? Call Mario at 630-361-2436

What you need to bring:

- \$10 per participant
- Permission slip for all high school students
- A flat hard surface (like a clipboard)
- Cell phone (for GPS & reading QR Codes)
- Flashlight
- Pens, pencils, and erasers
- Letter opener and scissors
- Stapler and paper clips
- Calculator
- Tape and glue
- Tape measure
- Dictionary
- ESV Bible
- A World Almanac
- IPASS in your car



RSVP: RSVP by November 20 at villagebible.church/turkey

Turkey Hunt Permission Slip

DO NOT TURN IN EARLY
Return permission slip the night of the Turkey Hunt

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Grade: _____ Age: _____

Medical Insurance Company: _____

Policy #: _____

Name of Subscriber: _____

Friend You Came With: _____

I give permission for my child, _____, to join Village Bible Church and participate in the 2024 Turkey Hunt on November 23, 2024. I understand the group will be traveling by adult driven vehicles. I also understand that the cost of this event is \$10.00.

I hereby release Village Bible Church, its staff and sponsors from responsibility and liability for any injury or illness that my child, _____, may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an X-ray examination, medical, dental, or surgical diagnosis, treatment or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state of Illinois, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Printed Name of Parent or Legal Guardian

Signature or Parent or Legal Guardian

Date