



CYO WINTER SERVICE PROJECT



Christmas Caroling and Bingo

with Veterans of the United States Military

Wednesday December 5, 2018 at the Coatesville V.A. Great Hall

This service project is open to all Varsity and Junior Varsity boys and girls CYO participants and is the *official* winter service project.

Coaches, the gym will be blacked out so please **do not** schedule practice on this date.

Where to meet? In the Parish Meeting Center (back parking lot of the school).

Please ensure that children are ready to board the bus at 5:45pm promptly.

Pizza and refreshments following our return to campus.

Pick up time at the Parish Meeting Center will be 8:30pm.

Please wear your team jerseys and a Santa hat if you have one.

Please bring the appropriate bingo prize items according to your team. For examples of what to bring please see the following columns. Please do not wrap the prizes. Thank you in advance for your generosity!

- Girls Varsity teams
- Varieties of chips
 - Pretzels
 - Party Mix
 - Brownies
 - Sugar free snacks
 - Christmas candy
 - Chocolate bars

- Boys JV teams
- Coke (diet)
 - Sprite
 - Orange Crush
 - Ginger Ale
 - Grape Soda
 - Root Beer
 - Lemonade
 - Kool Aid
 - Bottled Water
 - Capri Sun Juice boxes

- Boys Varsity teams
- Hair brushes
 - Shea Coco Butter Lotion
 - Shaving gear: cream, disposable razors
 - Body Wash (no hand soap)
 - Shampoo
 - Shoes
 - clothing belts
 - deodorant for men and women
 - Alcohol Free mouth rinse
 - Phone cards
 - Tooth Brush and Tooth paste
 - Denture Cream
 - Foot Powder
 - New books or magazines
 - Knit caps/Caps
 - White T-shirts
 - Finger nail clippers

- Girls JV teams
- Individually wrapped treats and sugar free treats:
- Cookies
 - Cheese Crackers
 - Little Debbie's
 - Cups of Fruit/Applesauce
 - Large Cans of Coffee
 - Non perishable snacks



Please see the reverse side for the service project permission slip

PARENTAL PERMISSION FORM

I grant permission for my child/ward, _____, to participate in the CYO sponsored service project to the Coatesville Veterans Hospital on Wednesday—December 6 2017.

NAME OF ATTENDEE: _____

ADDRESS: _____

Please include the following : Street, City, State, & Zip Code.

PARISH: _____

If I cannot be reached in the event of an emergency, the following responsible party is authorized to act on my behalf:

Name: _____

Address: _____

Work / Home Phone: _____ Cell: _____ Relation to participant: _____

Child's physician's name: _____ Phone number: _____

Health Insurance Type: _____ Policy Number: _____

List any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones:

In case of injury, I will not hold the St. Joseph Parish or the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives permission to use pictures from the day in which my child may appear for promotional materials.

CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult coach or assistant coach, parent or his / her legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind will not be tolerated at all.
3. Foul language is not tolerated, and parent / guardian will be contacted by Father Rossi if student is found to be using said language.
4. Participants agree to dress appropriately. This prohibits short shorts, tank tops, any clothing with writing on the bottom of shorts or pants, clothing that exposes midriff or undergarments, or that has any reference to profanity, tobacco or alcohol.
5. Participants must heed any and all directions of activity staff.
6. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
7. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to pick up offending participants from the location of our service project, and the parents/legal guardians shall immediately comply with the request.

Parent/Guardian Name: _____ Telephone: _____

(Please print clearly.)

SIGNED: _____ Cell Phone: _____

(Parent or Guardian)

*** Please return this permission slip to the head CYO coach for each prospective team

RSVP IS MANDATORY TO ENSURE ENOUGH BUS SPACE