

Trick or Treating for the Food Shelf

With the TRI-PARISH YOUTH GROUP



Friday, October 31, 2025
5:30 pm-7:30 pm



Who: Grades 6-12, Tri-Parish and Non Tri-Parish members

What: Collecting food for the Melrose Area Food Shelf

How: Meet at Sacred Heart Church parking lot and then go door to door asking for food shelf donations. We will be covering the towns of Freeport, New Munich and St. Rosa. We will all meet back at the Sacred Heart parking lot around 7:30 pm.

Wear: Costumes are optional but encouraged.

Cost: Food Shelf Donation

Drivers Needed: We will need a few parents to drive for this event to be possible.

Please indicate below if you are able to help with this. Thank you!

Deadline: Wednesday, October 22nd, return to Tri-Parish office or hand in to your Faith Formation teacher.

*Contact Kasia Van Beck for more info! (320) 836-2143

Due Wednesday, October 22

(cut and return bottom portion Front and Back)

Due Wednesday, October 22

Student Name: _____ Grade: _____ Male/Female

Student Cell Number (for day of event) _____ Texting? Yes No

Medical Information (any limitations or medications)?: _____

Parish (circle one): Freeport New Munich St. Rosa Other: _____

Parent/Guardian Name: _____ Parent Cell Number: _____

Primary Email Address: _____ Willing to Drive? Yes No

I, the student, agree to abide by a general code of conduct which includes being respectful of all persons and property involved in this event. I will obey the directors of this event and act in a Christian manner at all times.

Student Signature: _____ Date: _____



Trick or Treating for the Food Shelf Event Permission Form Cont.

I, _____, the parent, grant permission for my child, _____ to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Tri-Parish of Sacred Heart, Immaculate Conception, and St. Rose of Lima. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself and my named child to hold harmless and defend the Tri-Parish, its officers, directors and employees, and the Diocese of Saint Cloud from any claim arising from or in connection with my child attending this event or any illness, injury, death, or cost of medical treatment in connection with this event. I agree to compensate the parish and its employees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____ Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Any medical concerns the coordinators/leaders of this event should be aware of: _____

I hereby grant permission for non-prescription medication (i.e. acetaminophen, ibuprofen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed appropriate. Signature: _____ Date: _____

