

# 2025 High School Turkey Hunt

**Date:** Saturday, November 22, 2025

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

**Ending:** 10:30 pm

**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!

**Questions?** Call Mario at 630-361-2436

## What you need to bring:

- \$10 per participant
- 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 19 at [villagebible.church/turkey](https://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 2025 Turkey Hunt on November 22, 2025. 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 of Parent or Legal Guardian

\_\_\_\_\_  
Date