GLOW party

$5.00 In Advanced
$8.00 At The Door

FRIDAY SEPT. 11TH 6:30-8:30

GYM/ HESSION CENTER DOORS FOR DROP OFF AND PICK UP

IT'S TIME FOR THE CARDINAL FEST JR HIGH DANCE!

6TH, 7TH, AND 8TH GRADES.

FOR ST. CHARLES PARISHIONERS AND STUDENTS.

PIZZA AND POP INCLUDED

OPTIONAL PURCHASES INCLUDE:
RAFFLE TICKETS: 1 FOR $1 OR 6 FOR $5
SNO BIZ TREATS FROM $4-$6
BLING TABLE ITEMS FROM $1-$6

- To Pay In Advance, please complete the attached parent permission slip WITH EXACT CASH OR CHECK payable to "St. Charles Cardinal Fest" and send into school or parish office by Thursday, Sept. 10th, mark envelope "Attention Cardinal Fest-Dance". Your Child's name will be checked off as they enter dance. For any questions please call Stephanie Keefer at (260) 415-7200
- Walk-ins are welcome with completed dance form and $8 per person payment.
- Dress Code: Please dress modestly! Shirts can be sleeveless but must be able to "tuck in". No halters, tube tops, spaghetti straps, midriff tops, etc. Shorts must be school uniform length. Skirts/dresses must be one inch above knee or longer.

PARENT/GUARDIAN CONSENT AND LIABILITY WAIVER FORM
FILL OUT AND RETURN TO SCHOOL BY THURSDAY, SEPTEMBER 10TH- WITH $5.00 PER PERSON. WALK-INS ARE WELCOME ALONG WITH COMPLETE FORM & $8.00

I GIVE PERMISSION AND HEREBY REQUEST THAT THE YOUNG PERSON(S) NAMED BELOW BE ALLOWED TO ATTEND AND PARTICIPATE IN THE CARDINAL FEST TEEN DANCE ON FRIDAY, SEPT. 11TH FROM 6:30-8:30PM. I WILL NOT HOLD ST. CHARLES BORROMEO SCHOOL, PARISH OR ANY ADULT CHAPERONE RESPONSIBLE FOR INJURY INCURRED DURING THIS EVENT. I, THE UNDERSIGNED PARENT/GUARDIAN, CONSENT TO ANY EMERGENCY MEDICAL TREATMENT DEEMED NECESSARY BY THE ADULT CHAPERONE WITH THE UNDERSTANDING THAT EVERY EFFORT WILL BE MADE TO LOCATE AND INFORM THE PARENT(S)/GUARDIAN AT THE PHONE NUMBERS LISTED BELOW AS SOON AS POSSIBLE. I WISH TO BE ADVISED PRIOR TO TREATMENT BY A HOSPITAL OR DOCTOR WHEN POSSIBLE. I, THE PARENT(S)/GUARDIANS, AGREE TO BE RESPONSIBLE FOR ANY MEDICAL BILLS RESULTING FROM ANY TREATMENT DEEMED NECESSARY BY AN ADULT CHAPERONE. SHOULD IT BE NECESSARY FOR THE YOUNG PERSON TO RETURN TO THEIR HOME DUE TO MEDICAL REASONS, FAMILY EMERGENCY, OR DISCIPLINARY ACTION, I AGREE TO TRAVEL TO THE EVENT SITE (OR MAKE NECESSARY TRAVEL ARRANGEMENTS) AT THE REQUEST OF THE ADULTS IN CHARGE OF THIS EVENT.

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Parent/Guardian Parent's Signature Date Cell #s

Child/Children Name(s) Grade & Room #

1. _____ _____
2. _____ _____
3. _____ _____