



Thomas Jefferson High School for Science and Technology
All Night Grad Party – Ticket Order Form
 Saturday, June 16, 2012 (Following the Graduation Ceremony)



PLEASE COMPLETE FULLY AND
 PRINT CLEARLY

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Parent's email: _____

TICKET PRICE:

**\$100 if purchased on or before TJ Senior Night
 (Date TBD, in January 2012)**

\$125 if purchased after TJ Senior Night

\$ _____

Additional Tax Deductible Donation:

\$ _____

(Because ticket prices do not cover the cost of the party, additional donations are greatly appreciated!)

Total \$ _____

Check Number _____

Make Checks Payable to "TJHSST PTSA-ANGP"

Your cancelled check is your receipt. No paper tickets will be issued. A list of those who have paid for tickets will be posted on the website.

Return to: "Grad Party" mailbox in front office

OR mail to: Julie Martin - ANGP tickets

9501 Bixler Lane

Vienna, VA 22182

Ticket Questions? Contact

Julie Martin jamathome1@yahoo.com 703-759-0093

Latha Kumar latha_kumar@hotmail.com 703-506-6724

Visit our website for more information:

<http://tjhsst.edu/gradparty/tickets.html>

This form, including the **emergency information**, must be completed by Parent/Guardian and received by the Committee by **June 1, 2012!!!**

**EMERGENCY
 INFORMATION**

Phone # during party hours:

Allergies/Reactions: _____

Medications: _____

Parent/Guardian Signature:

Name

Signature

By signing this document, I give my permission for the TJHSST All Night Graduation Party Executive Committee to seek medical attention for my child in the event that I cannot be reached during an emergency.

**PARENTAL AUTHORIZATION &
 ACKNOWLEDGEMENT OF RISK**

I understand that participation in the All Night Graduation Party, (ANGP), is voluntary, involves public property, third party vendors and activities. I have had the opportunity to understand the purpose of the ANGP, and its various activities which may involve physical activities and risk of injury. I agree by signing below and/or participating in the ANGP to assume any and all risks and thereby hold FCPS, and the TJHSST PTSA, any parent volunteers, or vendor harmless and release them of and from any and all claims, causes of action, or damages whatsoever arising from any accident, injury, or property damage related to or resulting from participation in the ANGP. I have had an opportunity to have all my questions concerning the All Night Graduation Party answered to my satisfaction.

Student Name (Print)

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Name of Student's Counselor _____

T shirt size (circle one) S M L XL XXL