



Thomas Jefferson High School for Science and Technology

All Night Grad Party – Ticket Order Form

Saturday, June 19, 2010 (Following the Graduation Ceremony)

PLEASE COMPLETE FULLY AND PRINT CLEARLY

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Parent's email: _____

TICKET PRICE \$110

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: Gail Gardiner-ANGP tickets
6641 Rockland Dr.
Clifton, VA 20124

Ticket Questions? Contact

Gail Gardiner gdgardiner@cox.net 703-830-8703

Lola Quintela lquintela@ecoq.com 703-385-0604

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 1st, 2010**

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), involves public property, and that neither the All Night Graduation Committee, nor its parent volunteers, will have any responsibility for the condition of this property. I have been made aware of the purpose of the ANGP, and that its activities include physical games, and agree that, to the best of my knowledge, my child is physically able to safely participate in this Celebration. Also, I have had an opportunity to have all my questions concerning the All Night Graduation Party answered to my satisfaction and I understand that my child will abide by all restrictions and procedures set forth by the Graduation Party Committee.

Student Name (Print) _____

Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Name of Student's TA Teacher _____

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