Cardinal Fest Jr. High Dance
6th, 7th, and 8th Grades
For St. Charles Parishioners and Students
\$5 in Advance – \$8 at the Door
Pizza and Pop Included.

FRIDAY SEPT 6TH 6:30-9 PM

GYM / HESSION

FOR DROP OFF

& PICK UP

All Cowboys & Cowgirls

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 Thurs, Sept. 5th, mark envelope "Attention: Cardinal Fest – Dance". Your name will be checked off as you enter dance. Any questions, please call Stephanie Keefer at (260) 415-7200. Walk-ins are welcome.

DRESS CODE: PLEASE DRESS MODESTLY! Shirts can be sleeveless but must be able to be 'tucked 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 5th-WITH \$5.00 per person

(Checks payable to St. Charles Cardinal Fest)

I give my 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, September 6 from 6:30 - 9:00PM. I will not hold St. Charles Borromeo School, Parish or any adult chaperone responsible for any 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)/guardian, 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 adult in charge of this event.

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Parent/Guardian	Signature	Date	Cell #(s)
CHILD/CHILDREN'S NAME(S) GI	RADE & ROOM #		
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