



Join your friends at the 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.

THURSDAY

6:30 – 9:00 PM

7

SEPTEMBER



ENTER & DISMISS AT CAFETERIA DOOR #9
Refreshments, raffle tickets & more available for optional purchase.

Kona Ice
 Klassic \$4
 King \$5
 Color Changing \$6
 Collectable \$6 (refills \$3)

Bling Shop
 Assorted Items
 \$1 – \$5

Raffle Tickets
 \$1 each or 6 for \$5
GRAND PRIZE
 Gift cards valued at \$100!
 Purchase at Dance!

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 by Wed, Sept. 6th, 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, mid-drift 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 Wednesday, September 6th—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 **Thursday, September 7 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.

Parent/Guardian Signature

Date

Cell #(s)

CHILD/CHILDRENS NAME(S) GRADE & ROOM #

1. _____
2. _____
3. _____

This form and money (\$5) are only for entry! Kona, Bling Table, and Raffle Tickets are only available to purchase at the Dance. Parents must come to cafeteria door #9 to pick up their child at 9pm.