

Congratulations seniors! You're invited to PROJECT GRADUATION!

!!!!FORMS AND MONEY DUE TO MRS. POTTER-ROOM 401 BY MAY 25!!!!

Name(print) _____ 1st block teacher _____

_____ Yes, I plan to attend Project Graduation on June 9.

_____ Yes, I am bringing a guest. Guest's name _____

_____ Guest's \$10.00 pd. cash or check _____

What: An alcohol free, drug free all night graduation party including dancing, swimming, bowling, skating, door prizes, t-shirts, and FOOD!

When: June 9 from 10:00 p.m. – 5:00 a.m.

YOU and/or your GUEST MUST ARRIVE TOGETHER BY 11:00 P.M.

Where: Galaxy of Sports, Kinston

Cost: Free for SL graduates; \$10.00 for your guest.

Checks should be made to South Lenoir High School.

Form Due: To N. Potter, room 401, on or before MAY 25th along with the payment for your guest. All signatures required!

Guidelines:

1. You must arrive drug free and alcohol free.
2. You and your guest must arrive together by 11:00 p.m. or you will be denied admission. Your parent/guardian will be notified if you have indicated you will attend but do not show up or if you arrive late and are not admitted.
3. You may bring one guest and they must leave when you leave. However, your guest may leave earlier than you.
4. Your parent/guardian may be called in the case of an emergency or disorderly behavior.
5. While you are here to have fun, you should behave in a respectful and orderly manner.
6. You must sign out if you leave before the event is over. You and your guest must leave the Galaxy premises upon leaving the building. You may not reenter once you leave. Your parent/guardian will be called when you leave. (*if they indicate they wish to be called)

IMPORTANT: I, my guest, and our parents/guardians have read the above statements and agree to abide by these guidelines. We hereby agree to hold the sponsors, committee members, South Lenoir High School, Lenoir County Public Schools, and Galaxy of Sports free from liability of any and all actions, claims, and demands for, upon or by reason of damages, loss, injury or suffering that we may sustain as a result of participating in and/or traveling to or from the herein referred to function.

GRADUATE'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

*I would like to be called if my child leaves before 5:00 a.m.

_____ YES _____ NO (Initial one) _____ Parent/

Guardian phone number (needed for every graduate in case of emergency)

Graduate's name _____

Guest's name _____