



Arcadia High School GUEST Contract

AHS Student Information

This form is due to the ASB Office by May 12, 2017 at 3:15

Student Last Name	Student First Name	Student Phone (Night of Dance)	Class of	ID#
Parent Last Name	Parent First Name	Parent Phone (Night of Dance)	Parent Emergency Phone	
Street Address		City	State	ZIP

Guest Information (Non-AHS Students must attach a clear copy of current H.S. ID card OR driver's license.)

Student Last Name	Student First Name	Student Phone (Night of Dance)	Class of	ID#
Parent Last Name	Parent First Name	Parent Phone (Night of Dance)	Parent Emergency Phone	
Street Address		City	State	ZIP

Other HS Student
 Other HS Graduate
 AHS Graduate

FOR STUDENTS BRINGING NON-AHS GUESTS:

- ALL guests must receive approval by AHS Administration PRIOR to purchase of tickets.
- Incorrect or incomplete information may void the contract.
- If a guest application is denied, the AHS Purchasing Student will **not** have the opportunity to turn in another application.
- Guests must be **at least in 9th grade and under 21 years of age.**

For Other H.S. Students ONLY

Complete this portion of the contract ONLY if you are not a current AHS Student requesting permission to attend this dance. The signatures below indicate agreement of all participants to follow AHS rules and regulations listed on both pages of this contract.

<table border="0"> <tr> <td>_____ Guest's Administrator Last Name</td> <td>_____ Guest's Administrator First Name</td> </tr> <tr> <td>_____ Guest's Administrator Title</td> <td>_____ Administrator Phone Number</td> </tr> <tr> <td>_____ Administrator Signature</td> <td>_____ Date</td> </tr> </table>	_____ Guest's Administrator Last Name	_____ Guest's Administrator First Name	_____ Guest's Administrator Title	_____ Administrator Phone Number	_____ Administrator Signature	_____ Date	<p>Place HS Administrator Business Card or HS School Stamp Here</p> <p>Non-HS Students are not required to have Administrator signatures, but are subject to an AHS Administrator Interview.</p>
_____ Guest's Administrator Last Name	_____ Guest's Administrator First Name						
_____ Guest's Administrator Title	_____ Administrator Phone Number						
_____ Administrator Signature	_____ Date						

We have read and agree to all of the conditions on ALL pages of the Arcadia High School Dance Agreement.

X _____ AHS Student Applicant Signature	_____ Date	X _____ AHS Student Applicant's Parent Signature	_____ Date
X _____ Guest Signature	_____ Date	X _____ Guest's Parent Signature	_____ Date

All students must have a parent's signature, regardless of age.