

# Denfeld Class Of 2024-All Night Grad Party Registration Form

**Cost: \$25 Per Senior**

Please return this **COMPLETED** registration form with payment to the Denfeld office in a clearly marked and sealed envelope. You can also register & pay online at:

[denfeldgradparty.com](http://denfeldgradparty.com) or register at: <https://forms.gle/RuzuqRigzBBBPZm17>

Student Name (please print) \_\_\_\_\_

The following are the policies and provisions of my participation in the **2024 All Night Grad Party**:

1. My All Night Grad Party Agreement must be on file.
2. I will arrive by 10:00pm, unless I have made prior arrangements with the committee.
3. My parent(s)/guardian(s) will be notified if I do not arrive.
4. Backpacks/purses are checked into a secure area.
5. **No drugs/alcohol, outside food/drink allowed.** I will be denied admittance if I arrive under the influence and my parent(s)/guardian(s) will be notified.
6. **I will not leave the party unless a parent/guardian is notified and gives permission.**
7. Once I leave, I will not be re-admitted or be eligible for the prize drawings.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Agreement:

I hereby give my permission for the above named student to participate in the All Night Grad Party, which will be held after the graduation ceremony on June 6, 2024 from 9:30pm-3:00am.

In case of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize Grad Party personnel to make arrangements that he/she considered necessary for my child to receive medical attention. I authorize and assume financial responsibility for such care and treatment.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

Mailing Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Allergies/dietary restrictions: \_\_\_\_\_

Does your senior need any special accommodations? If so, please explain. \_\_\_\_\_

I am **including** my Grad Party payment of \$25. Cash\_\_\_ Check\_\_\_ Pd Online\_\_\_ Scholarship Needed \_\_\_

I would like to donate \$\_\_\_\_\_ towards an ANGP general fund and/or scholarship fund.

(If you choose to donate, please add the additional amount to your check. Please make checks payable to: **Denfeld ANGP**  
Donations of Gift cards for prizes are also welcome.)

**This form must be completed & returned to Denfeld attention: ANGP by all participants via drop off to the school office, mail, or scanned to: [denfeldangp@gmail.com](mailto:denfeldangp@gmail.com)**