

Let's **GLOW** Crazy for
Suntree Elementary's
Sweetheart Dance

FRIDAY, Feb 7, 2020
6:30 to 8:30 pm

Cost: \$20 per Suntree Student and one adult chaperone
Add \$10 for each additional guest.

EVENT IS FOR CURRENT SUNTREE ELEMENTARY STUDENTS ONLY

DEAR SUNTREE ELEMENTARY FAMILIES:

RESERVATIONS ARE BY ADVANCE PURCHASE ONLY and on a first come, first served basis. Don't delay, capacity is limited. Admission includes souvenir photo, pizza, and refreshments.

For questions, please contact 2020 Sweetheart Dance Chairperson: Lindsay Jackson
Suntree Elementary PTO | <https://suntreeppto.com//suntreePTO@outlook.com>

RSVP FORM: Please include your non-refundable payment with this Reservation Form to the student's teacher as soon as possible, **BUT NO LATER THAN TUESDAY, FEB 4.** Advance Purchase Only, no admission sold at the door.

Teacher Name(s):

Student & Chaperone's Name: All Chaperones must be at least 18 years old.

CHAPERONE SUPERVISION AND PARTICIPATION IS REQUIRED THROUGHOUT AS THIS IS AN AFTER-SCHOOL EVENT.

Please make checks payable to: **Suntree Elementary PTO**

Amount Enclosed: \$ _____

PARENTS APPROVAL AND STUDENT WAIVER:

The above listed student(s) has my permission to participate in the Suntree Elementary PTO Sweetheart Dance scheduled for February 7, 2020 from 6:30 to 8:30 pm.

The undersigned parent or guardian assumes all risk and liability in connection with the student's participation in any and all of the Suntree PTO and School Board of Brevard County sponsored activities for this event. I hereby release, discharge and will insure the Suntree PTO and the School Board of Brevard County, its officers, employees, volunteers, and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property in connection with participation in these activities, unless the injury or loss was caused by the sole negligence of the School Board of Brevard County, its employees and volunteers.

By attending the dance, I understand and approve that pictures and videos may be taken of the attendees and posted to social media.

I do hereby certify that to the best of my knowledge and belief that my child is in good health and is fully able to participate in these activities. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above named minor(s) has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation: _____
(if none, please write "none").

Parent/Guardian Signature: _____ Print Name: _____ Date: _____
Address: _____ City: _____ ST: _____ Zip: _____
Phone Number: _____

Contact Name: _____

E-mail: _____

Phone: _____

VOLUNTEERS NEEDED:

VOLUNTEERS are needed to assist with setup, during event, and cleanup.

If you would like to help, please complete this form, or sign up online: <https://signup.com/go/Odxifae>

I would like to VOLUNTEER: (Please Check Below)

Setup (4-6:30pm) / During Event (6:30-9pm) / Cleanup (8:30-9:30pm)
