

# DULUTH EAST CLASS OF 2020

## ALL NIGHT GRAD PARTY AGREEMENT

[dulutheastgradparty.org](http://dulutheastgradparty.org)

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

The following are the policies and provisions of my participation in the **2020 East High School All Night Grad Party**:

1. My All Night Grad Party Agreement must be on file.
2. All students arrive by bus directly from the DECC after graduation.
3. My parents will be notified if I do not arrive.
4. Backpacks (or bags) are checked into a secure area. (**MUST** be brought to rehearsal at the DECC the morning of graduation)
5. **No drugs or alcohol allowed.** I will be denied admittance if I arrive under the influence & my parents will be notified. Backpacks will be searched to ensure compliance. If I bring alcohol or drugs, my parents will be called and asked to escort me in leaving the party.
6. Otherwise, I may **NOT** leave the party. Unless I leave in an ambulance!

\_\_\_\_\_  
SIGNATURE – STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE – PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Student E-mail

\_\_\_\_\_  
Student Phone

\_\_\_\_\_  
Parent E-mail

\_\_\_\_\_  
Parent Phone\*

**Shirt (circle size):** Small Med Large XL XXL

**Baby/Grad Photos (Wallet size)-\*\*Photos will not be returned-please put name on photos and attach to this form\*\***

### PARENT AGREEMENT

I hereby give my permission for the above named student to participate in the All Night Grad Party to be held on **Wednesday, June 3, 2020, from 10:00 pm until 3:00 am at the UMD Sports Facility. The cost for the All Night Grad Party is \$50.00.** Payment, forms and baby/grad picture deadline is **April 1, 2020. Final deadline and payment are May 29, 2020 and payments made AFTER 4/1/20, are \$60.00.**

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 SIGNATURE

\_\_\_\_\_  
DATE

I am requesting a registration fee scholarship for the full amount \$\_\_\_\_\_ or partial amount \$\_\_\_\_\_.

I would like to donate \$\_\_\_\_\_ towards an ANGP scholarship for a student with a financial need.

I would like to donate \$\_\_\_\_\_ towards the ANGP general fund for this year's party.

If you choose to donate, please add the additional amount to your check. Gift cards are also welcome.

Known Allergies/Dietary Issues: \_\_\_\_\_

Do you need any special accommodations? If so please explain \_\_\_\_\_

\_\_\_\_\_  
If medication is necessary during the event it must be in original container and placed in a baggy and labeled with student name in their backpack. They also need to have a signed Medical Permission form in the backpack.

### WHAT TO INCLUDE WITH FORM

- ✓ Check for \$50 made out to *East All Night Grad Party*. (\$60 if after April 1)
- ✓ Baby and graduation photos with name printed on backs(wallet size-2'X3')--**due by April 1st**

**\*Parent phone should be a number that you can be reached during the party.**