

**Class of 2009 CHS ANGP Reservation Form**

Reservation Cost: **\$75.00** (Price will be \$100.00 at the door the night of the party)

**Please make check payable to CHS PTSA; Memo: ANGP**

**2009 Graduate Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**T-shirt Size (included in price of ticket): Check one –**

\_\_\_\_\_ **Small**    \_\_\_\_\_ **Medium**    \_\_\_\_\_ **Large**    \_\_\_\_\_ **Extra-Large**    \_\_\_\_\_ **XXL**

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**CHANTILLY HIGH SCHOOL ALL NIGHT GRAD PARTY**

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK**

I understand that participation in the All Night Graduation Party, (ANGP), involves public property, and that neither the All Night Graduation Committee, nor its parent volunteers, will have any responsibility for the condition of this property. I have been made aware of the purpose of the ANGP, and its various activities including physical games, and agree that, to the best of my knowledge, my child is physically able to safely participate in this Celebration. Also, I have had an opportunity to have all my questions, concerning the All Night Graduation Party, answered to my satisfaction and I understand that my child will abide by all restrictions and procedures set forth by the ANGP. All students attending the ANGP must have a completed form turned in or they may not attend. If you have any questions, email [www.angp@chantillyhsptsa.org](mailto:www.angp@chantillyhsptsa.org) and check the website at [www.chantillyhsptsa.org](http://www.chantillyhsptsa.org) for ANGP updates.

This form, to include the emergency information below, must be completed by Parent/Guardian (regardless if graduate is 18 years of age) and received by the committee by **June 15, 2009**.

Mail form to: Chantilly High School ANGP, 4201 Stringfellow Road, Chantilly, Va. 20151

**Emergency Student Information**

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Phone # during celebration hours: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

By signing this document, I give permission for the Chantilly High School All Night Grad Party Executive Committee to seek medical attention for my child in the event that I cannot be reached during an emergency.