SALEM HIGH SCHOOL ACTIVITY GUEST FORM

SHS Student Name (printed) ___________________________________________ YOG 2017

I would like to invite a guest who is not a member of the Salem H.S. Class of 2015 for the following activity:

__________________________________________________  ___________________________________
(Activity)                      (Date)

Guests cannot be older than 20 years of age. Guests who are currently not in high school must provide a photocopy of a driver’s license to verify proof of age. If you have any questions, please see Dean Dennis in room V204.

☐ This form must be returned to V204 by March 24, 2016.

TICKETS FOR GUESTS WILL NOT BE SOLD PRIOR TO APPROVAL.

HIGH SCHOOL-AGE GUEST
Please have your guest complete this section if your guest does attend high school.

Print the guest’s name ___________________________________________

DOB (date of birth) ___________________________
The High School my guest attends _______________________________________

Please have your high school administrator recommend your participation in this activity ensuring you are a student in good standing.

Name of School Administrator (print) _______________________________________

Signature of School Administrator _______________________________________

Administrator’s Contact Number _______________________________________

Parent’s Name(s) of guest ___________________________ Phone _______________________

NON-HIGH SCHOOL GUEST
Please have your guest complete this section if your guest does not attend high school.

Print the guest’s name ___________________________________________

DOB (date of birth) ___________________________ (attach copy of driver’s license)

Parent’s Name(s) of guest ___________________________ Phone _______________________

We want our activities to be incident free and enjoyable for everyone who attends. We reserve the right to exclude anyone who may compromise the safety of this event. SHS student signature acknowledges that you have read this form and will comply with all SHS rules/procedures. Please call me if you have any questions or concerns. Thank you for your cooperation.

I have read and understand the rules/procedures for this activity.

________________________________________________  ___________________________________
Signature of SHS Student                      Date

Contact: Jeff Dennis, Dean of Students, Salem High School, 603-893-7069 x5334, jeffrey.dennis@sau57.org