SOBER GRAD NIGHT EVENT CONTRACT

Student First Name:	Last Name:	
grad night party. Please read them caref	lished to ensure the safety and enjoyment of fully and <i>sign both sides</i> to indicate your willi on or before Senior Checkout, office or mail Ca. 95619	ngness to abide by
_	place on campus, 1/2hour after gradund 9pm through Friday, May 25th	
• Grad Night is for all 2018 U	Union Mine	
	following the ceremony (about 9pm), with doors closing This will allow students some family time.	
· ·	(at 11:30pm) if your child has purchast. We want to be sure you know they a	
• Dress is casual and a check	-in room for belongings will be provid	ded.
6496, otherwise, no grad car	e for your child to leave event early, plong to 5:00am on France (even if the student is 18 years of a	riday, unless a
 No tobacco, alcohol, drugs, 	outside food or drinks will be allowed	d.
	he influence of alcohol or drugs, will be take fety and their parents will be notified.	en to a designated
For any questions or concerns,	, please contact Jolene Trulli 530-306-6	5496. Thank you!
Student section I have read and understand the above an	nd I agree to abide by this contract.	
Student's name (printed)	Student's signature	Date
Parent/Guardian section I have read the above contract and give	my consent for my child's participation.	
Parent/Guardian name (printed)	Parent/Guardian signature	Date

****SEE OTHER SIDE *****

Parent's phone number (during SGN event)

Alternate contact #