DUE TO EHS ACTIVITIES OFFICE 2 DAYS BEFORE THE DANCE

EHS DANCE GUEST REQUEST FORM

6754 Valley View Road • Edina • Minnesota • 55439

GRADE: gh School dance:
gh School dance:
-
N
).
yh school.
) to the EHS Activities Office at
-
DATE: / /
3

GUEST INFORMATION

I understand the requirements and responsibility of being an outside guest at an Edina High School dance. I will behave appropriately and follow all Edina Public School policies, at all times, while at the dance. I verify all information provided is true and I realize that poor behavior at the dance will result in my guest privileges being revoked now and/or in the future.

GUEST NAME: _____ BIRTHDATE: / /

GRADE: _____

NAME OF HIGH SCHOOL CURRENTLY ATTENDING/GRADUATED:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

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