



Pickup is at 10pm inside the gym

EMERGENCY CONTACT INFORMATION

Parent _____ Home Phone _____

Email address _____ Mobile Phone _____

Student(s) being dropped off (please list as last name, first name):

1. _____ 2. _____

3. _____ 4. _____

Student(s) will be picked up

Student(s) may walk home

_____ Please initial your approval