

“PROM 2019” Registration Form – Guests NOT currently attending TAHS

**** Guests MUST ATTACH a COPY of PHOTO ID ****

Any junior or senior whose guest does not attend Tyrone Area High School must have this form completed by the guest’s school principal and parent/guardian, if guest is still in high school. Couples should staple their forms together with the TAHS student’s form on top. **Forms and fees should be placed in an envelope. These fees are non-refundable.**

REGISTRATION FORMS and PROM/GUEST FEES of \$40.00 per person must be paid in full (checks payable to “TAHS”) and submitted on the following COLLECTION DATES: Monday, April 8 – Friday, April 19 to Miss. Markel in room 229 or Miss. McLarren in room 110.

***** Please print clearly.**

Name _____ Grade _____ Date of Birth _____

Address _____ City _____ Phone # _____

School Currently Attending _____ Grade _____ Phone # _____

Attending with _____

SOUVENIR CHOICE (circle one): T-shirt Long Sleeve T-shirt Crewneck sweatshirt Hooded sweatshirt

SIZE (circle one): S M L XL XXL XXXL

****If you do not choose a souvenir choice and/or size, you will receive a Medium T-shirt**

EXTRA SOUVENIR T-SHIRT at an additional charge of \$10 (circle one): Short Sleeve Long Sleeve

SIZE (circle one): S M L XL XXL XXXL

I _____ (please print) principal at _____ verify that the student listed above is in good standing at our high school.

Signature _____ Date _____

Your son/daughter has been invited to attend the Tyrone Area School District Jr/Sr Prom to be held on Friday, May 17, 2019 at The Altoona Grand Hotel in Altoona. **Photo ID required and must be attached.**

I/We have read the “Prom 2019” Guidelines, and release the school from any responsibility for any injury that may occur at the prom. Arrangements for “Prom 2019” have been made by the Prom Committee and their advisors, Miss. Chelsey Markel and Miss. Gabrielle McLarren.

Parent/Guardian (printed) _____ **Cell #** _____

Parent/Guardian Signature _____

(if graduated from high school, attendee must sign for responsibility)

EMERGENCY CONTACT: This should be the name of someone to contact if parents cannot be reached

NAME _____ **PHONE # (____)** _____ **RELATIONSHIP** _____

(Please do not write below this line.)

ADVISOR USE ONLY

Amount Received _____ Cash _____ Check # _____

“It is the policy of the Tyrone Area School District not to discriminate on the basis of gender, handicap, race, and national origin in its educational and vocational programs, activities, or employment, as required by Title IX, Section 504, and Title VI. Please direct any questions about this policy to the Tyrone Area School District Superintendent, 701 Clay Avenue, Tyrone, PA 16686 Ph: 814-684-0710 Fax: 814-684-8408.”