

GRADUATE:

Name: _____
Birthdate: (M/D/Y) _____ Age as of June 28, 2017: _____
MB Medical: Family 6 digit # _____ PHIN 9 digit # _____
Allergies/health concerns: _____
Parents/Guardian Name: _____
Emergency Contact Name: _____ Relationship: _____
Cell Phone #: _____ Home Phone #: _____

GRADUATE TO BE SIGNED-IN & SIGNED OUT BY:

Parent/Guardian Name: _____ Relationship: _____
Phone number where may be reached **during** the event: _____
(Note: Changes to designated pick up person must be done in writing prior to June 28, 2017)



GUEST:

(Optional, from outside the graduating class)

Name: _____
Birthdate: (M/D/Y) _____ Age as of June 28, 2017: _____
MB Medical: Family 6 digit # _____ PHIN 9 digit # _____
Allergies/health concerns: _____
Parents/Guardian Name: _____
Emergency Contact Name: _____ Relationship: _____
Cell Phone #: _____ Home Phone #: _____

GUEST TO BE SIGNED-IN & SIGNED-OUT BY:

Parent/Guardian Name: _____ Relationship: _____
(Guest may also be signed-in & sign-out by parent/guardian of the graduate)
Phone number where may be reached **during** the event: _____
(Note: Changes to designated pick up person must be done in writing prior to June 28, 2017)



TICKETS:

(This section to be completed by Parent Grad Committee)

Cost : \$25 per ticket (cheques payable to Parent Grad Committee)

of tickets Purchased: _____ Ticket Numbers: _____
Amount Paid: _____ Cash / Cheque (circle one)

Copy of Proof of age & Photo ID provided for **Graduate** Yes / No (circle one)
Copy of Proof of age & Photo ID provided for **Guest** Yes / No (circle one)