

# Guest Contract for the Huron Heights Semi Formal



**\*\* This form must be signed & handed in before a guest ticket can be purchased \*\***

**Event Info: Wednesday, November 14<sup>th</sup>, 7-11 pm at The Romanian Cultural Centre**

**\*\* This form is due Tuesday, November 13<sup>th</sup> at the end of lunch \*\***

## Event Policies:

- ✓ If a Huron Heights student sponsors a guest, **the student and guest must arrive together.** Huron students are responsible for the behavior and actions of the guest.
- ✓ One guest can be signed in per Huron Heights student.
- ✓ **This is a high school event.** The Huron Heights code of conduct is in effect.
- ✓ A police officer and security staff of The Romanian Cultural Centre will be on site during the dance.
- ✓ For anyone **suspected** to be under the influence or in possession of any alcohol/drugs or behaving inappropriately (such as fighting, etc.) consequences will involve: being denied entry or asked to leave, the possibility of suspension and the possibility of being charged by the police.
- ✓ There will be no access to a smoking area and there is no exit/re-entry into the building.
- ✓ All bags, purses, and coats will be searched upon entry. Liquids are not to be brought into the dance.

## Huron Heights Student Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student #: \_\_\_\_\_

I have read and agree to the event policies stated above (signature): \_\_\_\_\_

## Guest Information:

Name: \_\_\_\_\_ Student # (if applicable): \_\_\_\_\_

I have read and agree to the event policies stated above (signature): \_\_\_\_\_

Check the box that applies to the guest:

Currently a student at \_\_\_\_\_ Grade/year of study: \_\_\_\_\_

Not currently a student, but working at \_\_\_\_\_ Age: \_\_\_\_\_

## VP or Employer (**ALL** Guests must have this part filled out by a Vice Principal or Employer):

Please check one of the following boxes:

Acceptable guest status; I vouch for him/her.       Not an acceptable guest for a high school dance.

\_\_\_\_\_  
Vice Principal/Employer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

Please contact Mr. Kline at Huron Heights (Bob\_Kline@wrdsb.ca) if you have any questions/concerns