



Stars do Shine in 2009



June 17th, 10:30 pm to 5:15 am Oakton High School's All-Night Graduation Celebration Reservation

*Please complete this form and return to:
OHS ANG Celebration
c/o Paddi Lonquest, Registrar
11442 Bronzedale Drive
Oakton, VA 22124-2007*

RESERVATIONS: The celebration cost is \$70.00 for pre-registration (\$80.00 at the door). Please make checks payable to OHS PTSA and include "ANG" and student's name on the memo section of the check. Tickets will NOT be distributed. A list of registered students will be posted outside the Gold Office at school. **Check-in at the Celebration must be prior to midnight or grad will not be admitted and no refund will be provided.**

Senior's Name: _____ Home Phone: _____

Parents' Names: _____ Parent's E-mail: _____

DONATION: Any amount is appreciated to help defray costs and to provide ANG student scholarships. Donations are tax deductible. \$ _____

PAYMENT: You may submit one check for the ticket(s) and donation(s), payable to OHS PTSA and please include "ANG" and the student's name on the memo section of the check.

Ticket Price: \$ _____

Donation: \$ _____ Total Amount Enclosed: \$ _____

PARENTAL AUTHORIZATION and ACKNOWLEDGEMENT OF RISK

I understand that participation in the All Night Graduation Celebration, (ANGC) is voluntary, involves public property, and third party vendors and activities. I have had the opportunity to understand the purpose of the ANGC, and its various activities which may involve physical activities and risk of injury. I agree by signing below and/or participating in the ANGC to assume any and all risks and thereby hold FCPS, the OHS PTSA, any parent volunteers, or vendor harmless and release them of and from any and all claims, causes of action, or damages whatsoever arising from any accident, injury, or property damage related to or resulting from participation in the ANGC. I have had an opportunity to have all my questions concerning the All Night Graduation Celebration answered to my satisfaction.

Print Student Name

Student Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Contact Number