

## DANCE REQUEST Submit to Front Office

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HOST & GENERAL INFORMATION						
Host Student's Name:	Grade:	rade:		Host Student Signature:		
Host Parent/Guardian's Name:	Host Parent/Guardian Phone:			Host Parent/Guardian Signature:		
Event:			Due Date:			
					GUEST INFORMATION	
Guest's Name:	Guest's School:	Guest's School: Guest' Grade:		8		
Guest's Address:		City:			Zip Code:	
					1	
State Driver's License Number:		Guest's Date of Birth:				
State Driver's License Number:  Guest's Date of Birth:						
	a student in good stand				. 1 . 1 1 1 /	
I will abide by all rules, procedures and directions of any adult in a supervisory capacity while at the event held at and/or sponsored by Loyalsock Township High School. I understand that failure to do so will result in my being dismissed from						
the event and/or sanctions imposed on me by local law enforcement.						
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I AGREE TO PROVIDE PHOTO	D IDENTIFICATION AT	THE ENT	TRANCE (	OF THE SCHOOL D	ANCE.	
ADDITIONALLY, I UN						
WILL RUN A BACKGROUND C GUEST'S SCHOOL & PARENT APPROVAI		r, if Gues	51 IS INO	I ENROLLED IN SO	CHOOL.	
Name of Guest's Parent/Guardian:		Phone of Guest Parent/Guardian: Sign		gnature of Guest Parent/Guardian:		
ivalife of Guest's Latelle, Guardian.	Thone of Odest I	Thore of Guest Latent/ Guardian.		gnature of Guest I arent/ Guardian.		
Signature of Guest's School Administrator:	Phone of Guest's	Phone of Guest's School: Si		ignature of Loyalsock School Administrator:		
Signature of Guest's School Administrator.	Thone of Guest's	James of Success School.		ignature of Loyalsock School Administrator.		
Approved:   Disapproved:	roved: $\square$		Approved	: Disapr	proved: $\square$	
(Approval of Guest's School Administrator)			(Approval of Loyalsock School Administrator)			
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## LOYALSOCK TOWNSHIP HIGH SCHOOL

1801 Loyalsock Drive Williamsport, PA 17701 (570) 326-3581 Phone (570) 323-5303 Fax

FOR OFFICIAL USE ONLY:
Additional Information/Notes: