

2018 Senior All Night Party

Student Registration & Payment Form

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Email Address: _____

Student Email Address: _____

Phone Number-Student: _____

Phone Number-Parent: _____ (emergency)

Please note any allergies: _____

- This information will be used to contact you with updates on SANP activities, deadline and other pertinent information.
- As a parent/guardian would you be interested in volunteering? Yes or NO

Total Payment Due:

If paid by February 1st \$100

Anything after February 1st \$110

Final Deadline – May 1st 2018

All Payments are Non-Refundable

Make checks payable to: CSHS SANP 2018

Send Form(s) & Payment to: Jodie Amell
4401 Little Creek Ct
Cedar Springs, MI 49319

Or: Drop off in High School Office – drop box

Or: Make payments in person during designated lunch periods