2024 Catholic Teen Spring Formal

Registration Form

| Student Name: | - |
|--|---|
| Address: | _ |
| | |
| Email: | |
| Phone #: | |
| | |
| Parent(s)/Guardian(s) Name: | _ |
| Parent email: | |
| Father's Cell # | |
| Mother's Cell # | |
| Name/Location of Parish:school. | |
| I am homeschooled. | |
| | |
| I hereby agree to the Code of Conduct and Dress code as set out in the Event D state that I have read these rules in their entirety and agree to abide by them. I that if I do not adhere to the dress code that I will not be permitted to enter the also understand that if I break any of the expected rules of conduct my parents and I will be sent home. Finally, I understand that if I violate any of the rules that receive a refund. | understand ballroom. I s will be called |
| Signature of Teen: | |
| Signature of Parent/Guardian: | |
| Date: | |

Please mail your completed registration form along with a check made payable to **Diana Jelski** to:

Catholic Teen Formal c/o Mrs. Diana Jelski 131 Jasper Farmar Rd Gilbertsville, PA 19525

Tickets are \$50/per teen if purchased before April 1st; \$60/per teen if purchased from 4/1 thru 5/1.