# Class of 2019

## All Night Graduation Party at Action City

Last Hurrah

1. Complete this Registration form
2. Add the correct payment (checks to North High School OR cash)
3. Deposit registration form and payment in the Blue Box in the main office.

or mail to: **North High School - All Night Party**

1801 Piedmont Rd. Eau Claire, WI 54703

yes

## STUDENT REGISTRATION

I am going to the party on **May 31, 2019!**

**Action City** -- Food, casino games, prizes, hypnotist and FUN!

Student Name: _____

Email: _____ Telephone:_____

### Enclosed is my registration fee:

- $35 if paid by May 1st & enter drawing for $100 Visa Gift Card
- $35 if paid after May 1st (not eligible for Visa card)
- I qualify for free and/or reduced fee lunch, registration fee $15
- I am unable to afford the registration fee.
- Additional donation for costs of the party _____

**Class of 2019 T-Shirt (circle your size) S M L XL XXL**

T-shirt is included with registration (if paid by April 27th)

**Please note**: This event is for students who meet all academic requirements to participate in commencement. If an attendee needs to leave the party before its conclusion, the parent will be contacted directly.

**Complete Parent Information (on back).**

# Parents, Complete & Return to Main Office at North or via Mail

North High School 1801 Piedmont Rd. Eau Claire, WI 54703

Parent/Guardian Information and Volunteer Sign Up

**All Night Graduation Party at Action City on May 31, 2019**

Student registration information coming soon.

Name(s): _____

Home Phone: _____ Cell: _____

Address: _____ _____

Email: _____ _____

☐ **Yes, I want to help plan the party!**

☐ **Yes, I (we) want to help with: (check all that apply)**

- ☐ Party preparation in April and May
- ☐ Transport equipment and/or Set-up on May 31, 2019 at Action City (10am-12 pm)
- ☐ Clean up and return party supplies to NHS on June 1

☐ **Yes, I (we) would like to volunteer at the Party:**

- ☐ Shift 1 - 10:00 p.m. to 1:00 a.m. **Name(s):**_____
- ☐ Shift 2 - 12:30 a.m. to 3:30 a.m. **Name(s):**_____
- ☐ Shift 3 - 3:00 a.m. to 6:00 a.m. **Name(s):**_____

☐ **Yes, I (we) want to make a donation to help defray the costs of the party.**

Your employer(s) may have a matching gift program, please check with them!
*This party is funded by donations from great people like you! Every dollar helps!

☐ Cash: _____

☐ Prize: _____

☐ Please send a receipt for my tax-deductible donation.

**Contact Michelle Swenson at 715-577-8797 or mswenson919@me.com with questions.**