

Homecoming 2019 Ticket Order Form

All students who plan on attending Homecoming need to complete this form **BEFORE** purchasing tickets. If any portion of the form is incomplete, you will not be able to purchase tickets.
Payment is due at the time of ticket purchase.

STUDENT 1 (MARS STUDENT)

NAME: _____

Emergency Contact Information-

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

STUDENT 2 (if applicable)

NAME: _____

Mars Student: YES NO*

If NO, a **Guest Permission Form (found on the back of this page) must be completed and attached BEFORE purchasing tickets.*

Emergency Contact Information-

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

TICKET PRICE:

\$30/ticket if purchased September 9th – 20th

\$35/ticket if purchased September 23rd – 27th

Make checks payable to MARS HIGH ACTIVITY FUND

For office use only:

Form of Payment: CASH CHECK

Homecoming Ticket Number(s): _____

Homecoming Guest Permission Form

1. Name of Mars Student _____

Grade _____ Telephone Number _____

2. Name of Guest _____

Address of Guest _____

_____ Zip Code _____

Telephone Number _____ Age of Guest _____

School Guest Attends _____ Grade _____

Guest Emergency Contact Name _____

Guest Emergency Contact Phone Number _____

3. **Guest – Please read, sign below, and give this form to your high school administrator**

I, _____, agree to respect and abide by all the school rules, regulations, and policies of the MAHS while I am a guest at the dance on _____.

Signature of Guest _____ Date _____

4. If graduated; School attended _____ Date Graduated _____

5. Attach a copy of Driver's License or another form of photo ID.
Guest must be between the ages of 14 and 20 and in at least 9th grade.

School Administrator – Please indicate the status of this student at your high school, then sign and return this form. If you have any questions, please contact Mrs. Lindsay Rosswog (Principal) or Mr. Dale Sleva Jr. (Assistant Principal) at 724-625-1581. Thank you

_____ This student is in good standing at our school.

_____ This student is **NOT** in good standing at our school.

_____ Please contact me regarding this student.

Name of Administrator _____ Signature _____

Position of Administrator _____ Phone Number _____

THE ABOVE NAMED MARS HIGH SCHOOL STUDENT IS RESPONSIBLE FOR RETURNING THIS FORM. THE FORM MUST BE SUBMITTED WHEN PURCHASING TICKETS. FAXES WILL NOT BE ACCEPTED.

****This Guest Form must be submitted by Wednesday, September 25th ****