

SHIELD FORMAL **2013** REGISTRATION FORM

Name _____ Grade _____

Address _____

Phone _____ E-mail _____

Parent Name _____

Parent Phone _____

Parent E-mail _____

Home School Association _____

**Please sign below that you and your parent have read the
Dress, Behavior and Dance Code.**

Student Signature _____

Parent Signature _____

Guest Name _____ Grade _____

Address _____

Phone _____ E-mail _____

Parent Name _____

Parent Phone _____

Parent E-mail _____

Home School Association _____

**Please sign below that you and your parent have read the
Dress, Behavior and Dance Code.**

Student Signature _____

Parent Signature _____

Number of reservations

@ \$25 each =

TOTAL ENCLOSED

THE FINAL DEADLINE IS JANUARY 7, 2013

Mail reservation form and check made payable to SHIELD to: Lauren Seacrist, 1149 Counts Ferry Rd. Lexington, SC 29072

Please check if you are interested in purchasing PICTURES

☐

DVD

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Any questions, please contact Josie Seacrist 529-9503 or pjseacrist@yahoo.com