

FORM MUST BE APPROVED BEFORE YOU CAN PURCHASE YOUR TICKET



Sacred Heart-Griffin High School  
1200 W. Washington  
Springfield, IL 62702  
217-787-1595

**\*\* Date of Dance\*\***  
**Prom**  
**Saturday, May 7, 2010**

**Date Information Request Form**

**Directions:** A student requesting to bring a date who is not an SHG student must have this form completed and returned when purchasing their ticket. This form requires the signature of the principal or administrator of the guest's school. The minimum grade level for all guests is tenth grade, and all guests must be under the age of 21. *Photo ID's must be present at all events.*

As a SHG student, I understand that all SHG rules apply at school functions. **I will take full responsibility to inform and ensure my date's compliance to these rules and the Prom directives.** The guest must always have photo identification in his/her possession.

\_\_\_\_\_  
SHG Student (print)

\_\_\_\_\_  
Signature of SHG Student

**10    11    12**  
Circle your grade in school

\_\_\_\_\_  
Date

As the parent of the above named SHG student, I find his/her date to be a responsible person, and I approve him/her as an acceptable guest for this SHG social event.

\_\_\_\_\_  
Signature of SHG parent

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Guest Information**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ As the Principal/Administrator of the school this student attends, I verify that he/she is a student in good standing.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

If above is not a high school student, please list a contact for details.

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

