

# SHG

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

## Guest Information Request Form

### THIS FORM NEEDS TO BE RETURNED PRIOR TO PURCHASING TICKET

**Directions:** A student requesting to bring a guest 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 ninth 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 guest's compliance to these rules and the dance directives.** The guest must always have photo identification in his/her possession.

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

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

**9      10      11      12**  
Circle your grade in school

\_\_\_\_\_  
Date

As the parent of the above named **SHG** student, I find his/her guest 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: \_\_\_\_\_ Grade: \_\_\_\_\_

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 parent contact.**

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