

Please make checks payable to: Ad Hoc Graduation Fund
Please complete the form below and send it along with your contribution to:
Ad Hoc Graduation Fund
P.O. Box 377
Ellington, CT 06029

Parent's Name: _____

Student's Name: _____

Home Phone: _____ **Parent Cell Phone:** _____

Parental consent for bus transportation to & from party: _____

Signature of Parent (Required)

Enclosed is a donation of: _____ \$50 _____ \$75 _____ \$100

I would like to volunteer the night of the party YES _____ NO _____

Shifts: 10:00-12:00 a.m. _____ 12:00-2:00 a.m. _____ 2:00-5:00 a.m. _____ All night _____

Volunteer Bus Chaperone to Nomad's (9:30-10:30 p.m.) _____