

Mount Pleasant Area Reality Tour

2017-2018 Registration

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| <p>Site: Rumbaugh Elementary School 2414 School St, Mt Pleasant, PA 15666</p> <p>Mail or Fax application to the address indicated below</p> <p>TIME 6:30 p.m. – 8:30 p.m. Arrive—6:15 – 6:25 p.m. Indicate 1st & 2nd choice of dates to attend Reality Tour</p> <p>2017 Oct. 5 _____ Nov. 2 _____ Dec. 7 _____</p> <p>2018 Feb 1 _____ Mar. 1 _____ Apr. 5 _____</p> <p>School District: _____ Name of School: _____</p> | <div><p>Mount Pleasant Area Reality Tour</p><p>Sponsored by: Mount Pleasant Area Drug Awareness Hosted by: Mount Pleasant Borough</p><p>This program and its volunteers are focused on conveying the drug awareness message to parents and children of the Mount Pleasant area & surrounding communities through dedication and commitment</p></div> |
| <p>I agree to allow my child/children _____ age/ages _____ to participate in CANDLE, Inc.'s Reality Tour program & surveys. I understand the program is appropriate for children ages 10-18 and the child's parent / legal guardian must be present.</p> <p>A.) I will _____ accompany my child. Or B.) Name child's legal guardian if attending: _____</p> <p>Not recommended for children under the age of 10</p> <p>My signature below indicates I agree not to hold CANDLE, Inc. or its affiliates liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in <i>Reality Tour</i>. I am aware news cameras and/or reporters may be present. Some sections of <i>Reality Tour</i> are emotionally charged and I understand parental guidance is a must.</p> | |
| <p>My signature below indicates I understand that the Reality Tour includes the following: (Circle to opt out)</p> <p>Peer Pressure Emergency Room/Overdose Funeral Scene Arrest/Prison Surveys</p> | |
| <p>X _____ X _____ X _____</p> <p>SIGNATURE OF PARENT OR LEGAL GUARDIAN PRINT NAME HERE DATE</p> <p>Address: _____ City _____ State _____ Zip _____</p> <p>Ph: _____ E-mail _____ Do not bring your child's friend without their parent. They will not be admitted!</p> <p>Enter name, age & grade of youth. List <u>ALL</u> adults attending as well:</p> <p>1. _____ 3. _____ 5. _____</p> <p>2. _____ 4. _____ 6. _____</p> | |
| <p>FREE REGISTRATION!</p> <p>TOTAL PERSONS ATTENDING _____</p> <p>Tax deductible donation to support the Reality Tour = \$ _____</p> <p>Mail or Fax Application Now!</p> <p>Mail to: Mount Pleasant Township/Reality Tour</p> <p>PO Box 158, Mammoth PA 15664 Fax: 724.423.1122 For more information phone: 724-423-5653 Visit www.mtpleasanttp.com E-mail mptcaprice@zoominternet.net</p> <p>Note: Your reservation date will be confirmed by phone call or email</p> | <p>This program made possible by generous contributions from:</p> <p>Mount Pleasant Area School District Scott Shanner & Roger Ulery (IT Department) Lance Benteler, Principal Rumbaugh Elementary</p> <p>Mount Pleasant Township Lions Club</p> <p>American Slavonic Home Association of United (United Club)</p> <p>And many volunteers throughout the community.</p> |