



ALL SAINTS ACADEMY HALLOWEEN PARTY

Return this form with payment by Friday, October 18

Family Name: _____

Number of Adults Attending: _____

Number of ASA Students Attending: _____

**\$6.00 per person (Children under 3 are free); \$24.00 per family max.
\$6.00 per each non ASA guest with signed permission slip (see below)**

Total Enclosed: \$ _____

Please make checks payable to All Saints Academy

_____ has been invited to attend the Halloween Party / Dance as the guest of an ASA student. Each guest must agree to follow all guidelines pertaining to the All Saints Academy Handbook. The parents/guardians of the inviting student understand by signing this form that they will be responsible for their student's guest and will be contacted if necessary for any reason.

Parent Name: _____

Phone Number: _____

Parent Signature: _____