

**PLAINFIELD SOUTH HIGH SCHOOL**

Date Request Form

**“Cougar Casino”**

**Saturday September 23**

**7-10 pm Main Gym**

**\*This form is required for all NON PSHS students prior to ticket purchase\***

**Ticket sales will take place during all lunch periods starting Monday September 11th through Friday September 22nd.**

**You must have this form completed by Thursday September 21st.**

1. Each student bringing a guest that DOES NOT attend PSHS must have this form completed before a ticket can be purchased.
2. This form requires the signatures of both attendees, as well as the parent/guardian of both.
3. All signatures required are indicated in **bold** print and must be completed **prior** to ticket sales.
4. The minimum grade level for all guests is the 9<sup>th</sup> grade. The maximum age is 20 years old.
5. **Each PSHS student is only allowed to bring ONE outside guest to the event.**
6. **ALL non PSHS attendees must bring a photo ID for check-in. Failure to present photo ID will result in refusal of entrance without refund of ticket price.**

<b>TO BE COMPLETED BY PLAINFIELD SOUTH STUDENT.</b>	<b>MUST BE PROPERLY SIGNED.</b>
_____ Name of Plainfield South Student (please print)	_____ Grade Level
_____ Emergency Contact Name (please print)	_____ Phone Number
As a <b>Plainfield South Student</b> , I have read the rules for HOCO and understand that all rules outline in the student handbook apply at school social functions.	
_____ <b>Signature of Plainfield South Student</b>	_____ <b>Date</b>
As the parent/guardian of the above Plainfield South student I find his/her date to be a responsible person, and I recommend his/her date as an acceptable guest for this Plainfield South function.	

**TO BE COMPLETED BY GUEST.  
MUST BE PROPERLY SIGNED.**

\_\_\_\_\_  
Name of Guest (please print)

\_\_\_\_\_  
Phone Number of Guest

\_\_\_\_\_  
Address of Guest

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Emergency Contact (please print)

\_\_\_\_\_  
Phone Number

**If guest is currently enrolled in another high school or college, a Dean, Counselor, or Administrator of that school must complete the following information.**

As an Administrator of \_\_\_\_\_, I verify that \_\_\_\_\_  
NAME OF SCHOOL GUEST NAME  
Is in "good standing".

\_\_\_\_\_  
Name of Administrator (please print)

Title \_\_\_\_\_

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

Phone number \_\_\_\_\_

**\*\*\*\*IF GUEST IS NOT A STUDENT, PLEASE COMPLETE ONE OF THE  
FOLLOWING\*\*\*\***

\_\_\_\_\_  
Employer (please print)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**OR**

\_\_\_\_\_  
Character Witness (please print)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**FINAL SIGNATURE: PSHS DEAN/ADMINISTRATOR.**