



Spring Fling Dance

Friday, May 9th, 2014
7:00 P.M. to 9:00 P.M.

Participant Name: _____

Parent/Guardian Name: _____

Email Address: _____

Address: _____

Phone Number: _____

Name of Chaperone: _____

Chaperone Phone Number: _____

Number of tickets: _____ (\$10 each person) Total: _____

RSVP By Monday, May 5, 2014

There will be a waiting area for parents/guardians to gather while their adult is enjoying the dance.
Please fill out the enclosed photo release form.

130 Mt. Bethel Road Warren, NJ



07059 908-757-7000