

Millwood High School PROM AGREEMENT

“Enchanted Knight” Saturday, June 15, 2024

6:30 to 10:30pm (doors open at 6:30pm)
Pier 21 (Kenneth C. Rowe Hall) Halifax, NS

Prom tickets will be issued when this agreement form is completed and pages two and three are returned to the main office at MHS. Cost per ticket is \$80. Tickets will be sold from May 21 to June 3, 2024. Ticket price includes DJ and dance, food stations, hypnotist Ian Stewart show, door prizes, board games tables, and on-site photographer.

“Cash online” is a payment option. Please refer to our school webpage for information about using School Cash Online. A “School Cash Online Receipt” is provided when online payment is made; students will show this receipt before picking up their tickets at the school’s main office. Students may also pay in-person using cash or debit at our main office.

Prom guidelines:

All participants (graduates and guests) of the Millwood High School Prom are required to sign this agreement prior to purchasing tickets. Additionally, this agreement must be signed by parent/guardian of graduate and guest. We want all grads and guests to enjoy this very special occasion. These expectations are intended to ensure that everyone enjoys a safe and respectful event. *All school behaviour expectations apply to those attending the 2024 Prom.*

- This is a tobacco-free, substance-free and vape-free event.
- Once participants enter the venue, they will not be permitted re-entry if they leave.
- Any person, regardless of age, found in the possession of, or under the influence of alcohol or drugs will be dismissed from the premises immediately, with no refund.
- While on the premises of Pier 21 for the prom, students and guests will follow directives of Jol-car Security personnel, local police and MHS staff.
- Prom participants should expect security personnel to check attendees and their belongings as they enter the venue.
- Prom participants who do not adhere to behaviour expectations will not be permitted to stay at the venue.
- All guests must be pre-approved by MHS administration and are subject to this agreement.
- Doors close at 7:00 pm with no one permitted to enter the Prom after this time.
- Parents and guardians are responsible to provide transportation to and from the event.
- Lost or stolen valuables are *not* the responsibility of Pier 21 or Millwood High School.
- Indicate dietary food sensitivities where asked on pages 2 and 3.

Please fill out pages 2 and 3 and return the completed pages to the main office. All prom attendees must complete this Prom Agreement. Thank you.

For MHS Graduates:

Graduate's Name: _____

Cell phone number of graduate: _____

Name of your guest: _____

If you are inviting a guest who is **not** a current MHS grad, please indicate:

Name of school that your guest attends: _____

By signing below, you indicate that you have read the guidelines of this contract and that you agree to abide by them.

Signature of MHS Grad: _____

Date: _____

Name of parent or guardian: _____

Signature of parent or guardian to indicate that you have reviewed Prom 2024 expectations with your child:

Signature of parent or guardian: _____

Date: _____

Two names/contact numbers for use if needed on Saturday, June 15, 2024:

1. _____ 2. _____

Graduate, please indicate if there are any special dietary considerations that we should know for meal planning:

Please provide details below (re allergies, vegetarian, Gluten free, etc.):

For MHS Prom Guests (who have been invited by a Class of 2024 member)

Name of guest: _____

Name of Millwood High School grad who has invited you:

Cell phone number of guest: _____

Name of school that you attend: _____

By signing below, you indicate that you have read the guidelines of this contract and that you agree to abide by them.

Signature of guest: _____

Date: _____

Name of guest's parent or guardian:

Signature of guest's parent or guardian to indicate agreement with the guidelines for the MHS Prom and that you have reviewed them with your son/daughter:

Signature of guest's parent or guardian:

Date: _____

Two names and contact numbers for use if needed on Saturday, June 15, 2024.

2. _____ 2. _____

Guest, please indicate if there are any special dietary considerations that we should know for meal planning.

Please provide details below (re allergies, vegetarian, gluten free, etc):

For office use only:

Method of payment for ticket _____

Amount \$ _____ Staff initial _____