

# TICKETS ARE NON-REFUNDABLE AND NON-EXCHANGEABLE

Print Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Student's Date of Birth \_\_\_/\_\_\_/\_\_\_ Cell Phone Number \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission for my student, \_\_\_\_\_ to participate in the Lake Howell HS Senior Class Halloween Movie Night at the Altamonte Springs AMC Movie Theater on Wednesday, October 20th. Check-in begins at 6:30PM in front of the theater and ends at 7PM sharp. The ticket cost per person is \$8.

I understand that the movie the group will be watching is the RATED-R film "Halloween Kills". Any person 17 years of age or older must have a signed permission form in order to purchase a ticket. *If the person (Senior or guest) is under the age of 17, a parent or legal guardian **must** accompany them to the theater to pick up their ticket.*

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Cell Phone Number (in case of emergency) \_\_\_\_\_

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I, as a student (guest) of Lake Howell High School, understand that this is a school sanctioned event and as such, I understand that my behavior must be appropriate. If my behavior is such that I will need to be removed from the event, I understand that the following will happen:

- I will not receive a refund.
- I will be subject to consequences according to the Seminole County Code of Conduct. (\*If the person is an SCPS student.)
- AMC has the right to further action as they see fit.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_