

## HARTLAND HIGH SCHOOL CLASS OF 2020 SENIOR ALL NIGHT PARTY CONTRACT

### May 20, 2020 – May 21, 2020 – Joe Dumars’ Fieldhouse (Shelby Township)

I \_\_\_\_\_, understand my behavior will ensure the success of the Senior All Night Party (SANP) and will continue the legacy from the Class of 2020 to all underclassmen at Hartland High School. I will conduct myself in a way that would make my parents proud!

1. I must sign in on May 20th at HHS at 10:00pm and NO LATER than 10:20pm (buses leave at 10:45 SHARP). Buses will arrive back at HHS on May 21 at approximately 5am.
2. If I have not checked into the party by 10:30pm, my parents will be notified.
3. I must ride the bus to and from Joe Dumars’ Fieldhouse. NO EXCEPTIONS!!
4. I will stay at Joe Dumars’ Fieldhouse for the duration of the party. The only personal item allowed in my possession is my cell phone; all medications must be checked in upon entry to Joe Dumars’ Fieldhouse.
5. If any chemical substance impairs me or is found in my possession, my parent(s) will be notified to come pick me up from HHS or the party. I will not be allowed to attend/continue attending the party. I will receive NO refund and I will not be allowed to leave on my own or with a friend.
6. I will not bring any food or beverages with me to the party.
7. I will not bring anything on the bus or inside Joe Dumar’s Fieldhouse other than my cell phone. Bags, purses, backpacks are not permitted (unless medically necessary).
8. I will make the SANP Board aware of any medical needs that I have at the time of the party (see below).
9. I release and hold harmless Hartland Consolidated Schools, its employees, administrators, school board, the 2020 SANP Committee, Joe Dumars’ Fieldhouse, it’s assignees, and the others who may have helped in the preparation, design, installation and/or provided services and/or products for the SANP.

Please return this signed contract to the office (SANP mailbox) or to Ms. Demgen, Ms. Miloch or Ms. Wozny by May 6<sup>th</sup>, 2020!

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|--------------------------------------|--|
| <b>Senior Name &amp; Date</b>        |  |
| <b>Senior’s Signature – required</b> |  |
| <b>Parents Signature – required</b>  |  |
| <b>Parent(s) Phone Number:</b>       |  |
| <b>Parent(s) Email Address:</b>      |  |

#### SPECIAL DIETARY REQUESTS / NEEDS:

Gluten Free \_\_\_\_\_ Nut Free \_\_\_\_\_ Vegetarian \_\_\_\_\_

Medical Needs: \_\_\_\_\_  
\_\_\_\_\_ verified