

Ambridge Area High School
Mistletoe Dance 2024
Adult Guest Form

Name of Ambridge Student: _____

Name of Adult Guest: _____

Age of Adult Guest: _____

Name of Parent/Guardian/Emergency Contact:

Phone Number of Parent/Guardian/Emergency Contact: _____

I, _____, will obey all school rules and policies to
(Guest Print Your Name Here)
attend the Ambridge Area High School Mistletoe Dance. I will also provide AAHS with a copy of
my photo ID/Driver's License.

Signature of Adult Guest: _____

- FOR OFFICE USE ONLY Provided Photo ID/Driver's License