



2019 Winter Charity Gala GUEST APPLICATION

ADHS Student's Name (Please Print) _____

Grade _____

The following information must be given in order to determine eligibility of guests to attend the ADHS Winter Charity Gala:

1. Guest's Name: _____

2. Guest's Date of Birth: _____

3. Guest's current status (check one): high school student college student worker active military

4. Depending upon his/her current status, complete the following information that applies to your guest (Select One):

A. School guest attends at the present time: _____

B. Guest's place of employment: _____

C. Guest's branch of service: _____

5. Statement of character: by school **Principal** (if the guest attends high school), **Professor or Dean** (if college), **Employer** (if the guest is a graduate and presently employed), **Commanding Officer** (if guest is in the military), **Community Contact** (if the guest is home schooled). Character statements by relatives or parents of the guest's date will not be accepted. (Attach additional sheet if necessary.)

Signature of Person Making Statement of Character

Print Name

Title

Daytime Phone #:

Return Application to the FRONT OFFICE by January 7, 2019.

You cannot receive your tickets until this form has been approved by your administrator.

GUESTS MUST ATTACH A COPY OF PHOTO IDENTIFICATION TO THEIR APPLICATIONS.

Office Use Only:

Approved: _____

Return form to Front Desk. Student is responsible for picking up form at an appropriate time.