



# GICC Outside Date Dance Form

MONTH / DAY / YEAR \_\_\_\_\_

Grand Island Central Catholic Student

Name: \_\_\_\_\_

Student Cell # \_\_\_\_\_

*I agree to be responsible for my guest's actions and adherence to all GICC rules. I understand that failure to do so will jeopardize my privilege to attend future GICC dance.*

**Student Signature:**

\_\_\_\_\_

Grand Island Central Catholic Parent/Guardian

Name: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

*I give my permission for my son/daughter to attend the GICC school function with the person listed below. You may contact me at this phone number if needed.*

**Parent/Guardian Signature:**

\_\_\_\_\_

High School Dance Guest

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

*As a guest of Grand Island Central Catholic, I understand that I am under the jurisdiction of the school and must follow all school rules. Failure to do so may be grounds for my removal from the GICC function without refund.*

**Guest Signature:**

\_\_\_\_\_

## TO BE COMPLETED BY THE PRINCIPAL OF THE GUEST'S HIGH SCHOOL

Is the afore-mentioned student currently in good standing?      YES      NO

Do you recommend that s/he be admitted to a Grand Island Central Catholic function?  
YES      NO

Principal's Name: \_\_\_\_\_

School Phone # \_\_\_\_\_

**Principal's Signature:**

\_\_\_\_\_

Non-High School Dance Guest

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Cell # \_\_\_\_\_

*By signing below, I agree to obey all rules and regulations set forth by Grand Island Central Catholic regarding extra-curricular events. I will present a valid driver's license at the door the night of the event.*

**Guest Signature:** \_\_\_\_\_ *Guest cannot be over the age of 20, or younger than 9<sup>th</sup> grade.*

**RETURN TO GRAND ISLAND CENTRAL CATHOLIC BY 3:30PM ON THE FRIDAY BEFORE THE EVENT  
1200 Ruby Avenue, Grand Island, NE 68803  
FAX: 308-389-3274**