

# ***St. Katharine Drexel Regional Catholic School Mixer Dance 2017-2018***

**THIS IS AN SKD Parent Association SPONSORED EVENT**

**\*\* Permission slip must be signed and presented before entering the dance \*\***

**\*\*\* Please circle dance date attending\*\*\***

**WHEN: Friday, Oct 6, Dec 1, Jan 12, Mar 2, May 4**

**TIME: 7:30PM - 10:00PM**

**PLACE: St. Katharine Drexel Cafeteria**

**COST: \$ 10.00 at the door, with signed permission slip**

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I \_\_\_\_\_ give permission for my son/daughter

\_\_\_\_\_ to attend the SKD PA Dance. I understand that all SKD Dance policies will apply. I also understand that my child needs to have a pre-arranged ride to and from the dance.

X \_\_\_\_\_

**Parent/Guardian Signature**

Contact Number ( ) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Anything else we should know? (Pertinent Medical History or Allergies)

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