



AFTER HOURS EVENT: TEEN HALLOWEEN

PERMISSION FORM

TO BE FILLED IN BY TEEN PARTICIPANT:

By signing my name below, I agree to abide by the rules of the Daviess County Public Library and to follow the directions of the Library staff. I understand that if I do not, my parents/guardians will be called and will be required to come pick me up. I also understand that if I do not arrive at the library on time, I will not be able to enter the library to attend the event.

Signature of Participant: _____ Date: _____

TO BE FILLED IN BY PARENT/GUARDIAN:

I, _____, (please print name) do hereby give
permission for _____ (please print name) to participate in **Teen
Halloween at the Daviess County Public Library on Saturday, October 29th, 2016 from 7:00 –
8:30 pm.**

- This event is open to teens ages 13-18. No age exceptions will be made.
- Teens must arrive on time in order to attend the event. Doors will remain locked during the event and will be unlocked at 8:30 pm so that teens can leave or be picked up by parents.

Signature of parent/guardian: _____ Date: _____

Emergency Contact Name	
Emergency Contact Phone	
Relationship to Teen	