

Project Prevention Graduation

Registration Form and Medical Release Consent for the Class of 2009

Must fill out Medical Release/Consent on reverse side in order for student to attend

Registration Form

Parent's Name: _____

Student's Name _____

Address: _____

Telephone #: _____

*Email Address _____@_____.

Credit Card information

(circle one)

MasterCard

Visa

Name _____

Signature _____

Card # _____ Exp Date _____

Security Code (3 or 4 digit number from the back of the card) _____

Or...Please make your \$100.00 check payable to:

DMHS Project Prevention Graduation.

Your canceled check will be your receipt.

Drop off at the front office of the school or mail to:

DMHS/Project Graduation

12575 E Via Linda

Scottsdale, AZ 85259

The cost is \$100.00 which includes: prizes, food and an unforgettable all night long party.

We gladly accept any additional monetary contributions for Project Grad,
which would be greatly appreciated.

No graduating senior will be turned away due to inability to pay so we are looking
to the generosity of others to help. Scholarships are available on a case-by-case basis.

Medical Release and Consent Form
on reverse side must be filled out also
in order to attend