

The Boutique Movie Theatre
Teen All Nighter
Permission and Registration Form

First Name

Last Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Number Street Name

Birth Date day/month/year

Home Number

Email address

Guardian/parents Name

Home Number

Cell phone Number

I give permission for my teen to attend the Teen all nighter on Saturday March 20th from 11:30pm – 7:30am. I am aware that this is a supervisor event with chaperones in the theatre and in the lobby area. I agree to pick up my teen immediately if I am called by any staff member of the theatre due to illness or inappropriate behaviour. I am aware that the movies that have been selected are: Twilight, New Moon, The Vampires Assistant and Buffy the Vampire Slayer.

_____ Guardian Signature

_____ Dated

Are there any allergies we need to be aware of and what are they? _____

How severe is the reaction? _____

What is the treatment? _____

Please note that no outside food or drinks are permitted in the theatre. You are welcome to bring your own pillow and blanket for this event. Pizza and a drink will be offered during the night any additional food and snacks will be offered at the concession stand at regular costs.

_____ Teen Signature

_____ Dated

Payment: _____ (\$25.00)