It is expected that each parent/guardian will sign up to chaperone. It is this commitment on parents’ part that allows the dances to continue. Seating assignments will be provided for those chaperones who request it.

CHAPERONE FORM

I/We ______________________________ will chaperone an Alumni Social Group dance for the 2018-2019 year. I/We understand we will be contacted for one of the dates for which we have indicated our availability.

Please list the months you are available:

1st Choice __________________________________________
2nd Choice __________________________________________

Please indicate your preferred method for contact to confirm assignment:
___email  ___daytime phone  ___evening phone  ___cell phone

____________________________________  ______________________
Name (s)  Email address

____________________________________  ______________________
Daytime phone  Evening phone

____________________________________
Cell phone

Many parents remain in the area during the dance, or live close to the school. Would you be available to substitute on short notice if needed? If so, please indicate below:
___Yes  Best way to reach me last minute: ______________________

If you are unable to chaperone at all, please explain below: