

ASTRO SKATING PARTY Tuesday, November 29, 2022

4:00-6:00 pm 875 E. Cypress Street Tarpon Springs, FL 34689 727-938-5778 Due date is no later than Friday, November 18th.

I give permission for my child/children to attend Astro Skate Party. I understand that Chris Maganias, the owner of the Astro Skate Center and Bus Services will assume all liability for my children during the afternoon session. Additional staff from Sunray Elementary will assist in supervising my children until 6:00 pm pick-up time.

<u>We highly encourage parents to accompany our youngest students.</u> Please call Astro Skate if you are running late. If a child is not picked up until after 6:30 pm, this will result in the parent having to accompany the child at next skate party.

\$12.00 CASH ONLY... includes admission, skate rental and one-way bus ride to skating center, if you have a child that needs a **skate trainer**, please send an additional **\$5.00** that evening, these are not included as well as inline skate which are an additional **\$4.00**. You are required to pre-pay for this event no later than **Friday**, **November 18th**, **2022**.

We cannot accept payment on the day of the event. ← Snacks or drinks are not provided by Astro Skate or Sunray Elementary School; you are welcome to send a snack for your child or snack money with your child to purchase at Astro Skate the day of the event.

The Astro Skate party is Tuesday, November 29, 2022 - 4:00 pm - 6:00 pm.

PARENTS: PICK UP TIME IS 6:00 PM AT ASTRO SKATE.

YOU ARE RESPONSIBLE FOR PICKING UP YOUR OWN CHILD.

→**Please detach and return with payment to school by Friday, November 18th, 2022.**

Name of Parent/Guardian (Print)		
Name of Parent/Guardian (Signa	iture)	
Emergency Phone #'s		
	ild:	
My child/children will be atten	ding Astro Skate, admission fee \$12.00 pe	er student.
Please provide your child a Ziploc Bag to carry their money.		Amount Included with this form:
		\$
Please complete the needed info	ormation for EACH child attending the skate	e party.
Student Name:	Student #:	Teacher:
Student Name:	Student #:	Teacher:
Student Name:	Student #:	Teacher:

Return form and payment to Mrs. Danwing in the Media Center