

SPONSORED BY:



OCTOBER 28  
5:00-8:30pm

# MAKO MONSTER MASH

- Haunted House
- Photo Booth
- Costume Contest
- Wicked Spider Maze
- Live Band
- Pumpkin Bowling
- Airbrush Tattoos
- Pumpkin Contest
- Food Trucks
- Scarecrow Speedway
- Festival Games

**Avoid the "horror" of LONG LINES at the event – PRE-ORDER your tickets TODAY!**

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ 6<sup>th</sup> period for middle school

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Parent/Guardian

MUST sign and return the waiver at the bottom of this form to receive wristbands

### ★ Order Forms due in VDM Office by Friday, October 21, 2014

★ Order Questions? Please contact [info@makofoundation.org](mailto:info@makofoundation.org)

Wristbands \$25 each (Students ages 5-18 only, 4 years and under FREE) <i>After October 21st, Wristband Price Increases - \$30 each</i>	# of wristbands:	Total: \$
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Payment Method: Check made payable to "MAKO FOUNDATION": \$ \_\_\_\_\_

Credit Card – For credit card payments, please visit [WWW.MAKOFOUNDATION.ORG](http://WWW.MAKOFOUNDATION.ORG)

**Wristbands CANNOT and WILL NOT be distributed without a SIGNED waiver on file.**

**Parent Approval and Student Waiver**

Name(s) of minor(s): \_\_\_\_\_, has my permission to participate in the MAKO MONSTER MASH on October 28, 2016 at Vista del Mar School from 5:00PM-8:30PM. I understand that all minor children must be supervised by an adult on the premises at all times. I grant permission to the MAKO Foundation to use photographs of the minor(s) without publishing his/her/their name(s) for any lawful purpose, including publicity, illustration, advertising and web content. I (we), as Parent(s) or Guardian(s) of the minor, do hereby, for my (our) son/daughter, myself, my (our) heirs, executors and administrators, remise, release and forever discharge the Vista del Mar MAKO Educational Foundation, and all MAKO Foundation officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account referred. I do hereby certify that the minor is my (our) son/daughter and that his/her date(s) of birth is/are \_\_\_\_\_, and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In the case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none.") \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE  
REQUIRED \_\_\_\_\_

Print Name/Relation	Address	City	Phone	E-Mail
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(NOT PRINTED AT CUSD EXPENSE)