

MAKO MONSTER MASH

OCT. 27 2017 4:30-8:30



VO VO JUMP

GO GO 13 BAND

Title Sponsor

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A LOT MORE ATTRACTIONS THIS YEAR!

Avoid the "horror" of LONG LINES at the event -Pre-Order your wristbands today!

Submit completed forms to the VDM Receptionist by Friday, October 20, 2017

Multiple children can be added to one form. Questions? Drop a note to info@makofoundation.org

Student Name _____ Teacher _____ 6th period for middle school

Parent/Guardian _____ Phone _____

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

◆ **Order Forms due in VDM Office by Friday, October 20, 2017**

Wristband \$25 for attendee ages 5 - 18 Ages 4 and under are free After October 20th, wristband price will be \$30	# of wristbands:	Total: \$
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Payment Method: **Check:** Make payable to "Mako Foundation": \$ _____

Credit Card: Visit makofoundation.org / scroll to middle of page and click 'donate' to pay via Paypal;

Wristbands CAN NOT and WILL NOT be distributed without a current 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 Friday, October 27, 2017 at Vista del Mar School from 4:30 - 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 Educational 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 (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 Educational 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 (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 relations or unusual physical condition, which should be made known to a physician. (If none, please write the word "none") _____

Required! Parent/Guardian Signature _____

Print Name / Relation _____ Address _____ City _____ Email _____

(NOT PRINTED AT CUSD EXPENSE)