



MILLER MOVIE NIGHT

When: Friday, March 20th, 6:30 pm - 8:30 pm

Where: Miller Gymnasium

\$5 Donation* per student for advanced purchase**
(Return by **Wednesday, March 18th**)

\$6 Donation* at the door (**PARENT/GUARDIAN MUST SIGN A WAIVER AT DROP-OFF FOR TICKETS PURCHASED AT THE DOOR**)

*Includes movie, bottle of water, and popcorn

**All advance purchase tickets will be entered into a raffle for concession coupons at intermission.

- Drop-off: **PARENT/GUARDIAN MUST SIGN A WAIVER AT DROP-OFF FOR TICKETS PURCHASED AT THE DOOR.** Student drop off begins at 6:00 pm. The movie starts at 6:30 pm sharp.
- *****Parents of Kindergartners: Attendance is required with your child. (No additional cost)*****
- Pickup: Students must be picked up inside the building; no child will be released without an adult.
- Candy, popcorn, and water will be available for sale at concessions, \$0.25-\$1.00.
- NO ELECTRONICS, please.
- Volunteers Needed!!! <https://www.signupgenius.com/go/20F0D4AADA23A6FF2-frozen>
- Questions? ptomillermustangs@gmail.com

Please fill out and return the bottom of this form for advance purchases.

MILLER MOVIE NIGHT

Due no later than Wednesday, March 18th

Student #1 Name: _____ - Kindergartener***
 Student #2 Name: _____ - Kindergartener***
 Student #3 Name: _____ - Kindergartener***
 Advance Purchase Total # of students _____ @ \$5 each
 Amount Enclosed: \$ _____

*Please send in the exact cash or make all checks payable to **Miller PTO.***

STUDENT WAIVER

*The above named student(s) have my permission to participate in the Miller PTO's Movie Night Friday, **March 20, 2020** at Miller Elementary School, 43721 Hanford Rd., Canton, MI 48187 from **6:00 pm** to **8:30 pm**. I, as parent(s) or guardian(s) of the minor, do hereby, for my son/daughter, myself, my heirs, executors and administrators, remise, release and forever discharge the Miller Parent-Teacher Organization (PTO), Miller Elementary School, Plymouth-Canton Community School District and all Miller Parent-Teacher Organization officers, employees and agents, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I do hereby certify that to the best of my knowledge and belief said minor is in good health. In 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 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. List all allergies: _____*

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINTED NAME

Phone # where a parent/guardian can be reached during movie time: _____