

Program sponsoring this event is ASAA Boosters



**Presents an All School, All-Age evening of
Roller Skating Fun!**

Wednesday, November 6th

(NO SCHOOL THE NEXT DAY!!!)

6:00pm – 8:00pm

Aurora Skate Center
34W113 Montgomery Rd
(630) 898-5830

Pre-Registration Price:
\$6.00 per person
Must Return Slip Below
by Wednesday, October 30th

Or \$8.00 at the door

Price includes:
Admission and Skate Rental

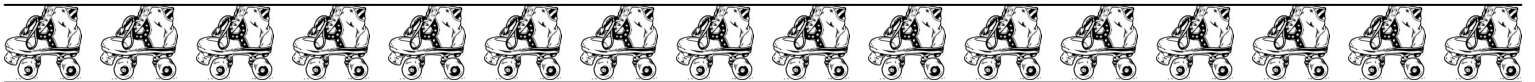
Come have fun Roller Skating!
All are Welcome! Bring your friends,
family and neighbors!



Pizza Slice/Drink Vouchers Available
Pre-Purchase for \$3.00 each
Must Return Slip Below by
Wednesday, October 30th
Or \$4.00 per person at the door

Visit our Bake Sale for a snack
or take home goodies for the whole
family!

***** NEW THIS YEAR – Lets Give back**
to our Community as well...Bring a
New or Gently Used Book to Donate
to Hesed House Children's Library***



Student Name: _____ Grade: _____ Teacher: _____

Number of Skaters / Admission Tickets: _____ X \$6.00 per person = \$ _____

Number of Pizza/Drink Vouchers: _____ X \$3.00 per person = \$ _____

Make Checks Payable to ASCA & write "ASAA BOOSTERS" on the memo line. Total Amount Enclosed \$ _____

THIS FORM MUST BE RETURNED BY WEDNESDAY, OCTOBER 30TH FOR DISCOUNTED PRICING.
SEND ALL FORMS TO THE SCHOOL OFFICE IN AN ENVELOPE MARKED "BOOSTERS ROLLER SKATING"
TICKETS FOR THIS EVENT WILL BE SENT HOME VIA YOUR CHILD'S BACKPACK.

In consideration of my being allowed to participate in this program, I hereby represent and warrant to All Saints Catholic Academy, I am or my child is physically able to participate in the program, have no health or medical problems which would prevent my and /or their participation. I hereby release and hold harmless, All Saints Catholic Academy and the Diocese of Joliet, from any and all responsibility, obligation, or their participation in classes or programs sponsored thereby. I further waive and release any rights I have to take action in any court of law or otherwise against All Saints Catholic Academy and the Diocese of Joliet, to recover damages, consequential or punitive, or any other costs or expenses on account of such physical or mental disorder or condition. I am fully aware of the risk involved while participating in any athletic program. I understand that the participants' family medical insurance policy must cover any medical costs incurred in case of accident. I further agree to allow emergency treatment by a physician or certified hospital staff for myself and /or child (if a parent or guardian cannot be reached) deemed necessary, at that time.