



# Owen Sound District Secondary School



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March 20, 2024

Dear Prom Participant,

We are excited about the upcoming prom which will be held at Cobble Beach Golf Resort on Thurs. June 6<sup>th</sup>, 2024.

Our theme for the evening is "Night on the Coast". Prom runs from 5:00pm to 10.30pm. Dinner will be served at 6:30pm. Guests are welcome to take photos on the grounds of Cobble Beach before dinner.

There are a few details that we would like to bring to your attention, with the purchase of your prom ticket:

The OSDSS prom is a school sponsored event. This means that all school policies that apply during a regular school day, also apply at prom. As always, we expect OSDSS students and guests to behave in a respectful way that conforms to our Code of Conduct.

Our school prom is an alcohol and drug free event. There will be security presence at this event to help us ensure the safety of all present. We ask that you be seated at your table by 6:25pm as dinner will be served at 6:30pm sharp. No one will be admitted after this time, no exceptions. If you leave the building unescorted, you have left the prom and you will not be re-admitted.

Prom tickets cannot be purchased without this signed waiver form; one waiver form per ticket. Purchase your ticket at the same time as your friends to ensure preferred seating. Provide a signed Food Allergy/Restriction sheet if required when purchasing a ticket. Ticket sales begin on Tues. April 9<sup>th</sup>, at lunch.

**Tickets are first come first served and the cost is \$130 per ticket.** Do not procrastinate. Tickets are limited. Prom tickets are **non-refundable** and **NON-TRANSFERABLE**. This means you cannot sell your ticket or give your ticket to someone else. Only grade 12 students from OSDSS and their dates may attend prom.

We are looking forward to a great night!

Sincerely,

Your Prom Committee

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Cell # \_\_\_\_\_

Parent Signature (if student under 18 years old) \_\_\_\_\_

Name of Date (if applicable) \_\_\_\_\_ Date's Cell # \_\_\_\_\_

## Food Allergy / Restriction

I, \_\_\_\_\_ have the following food allergies or restrictions:

- Vegetarian
- Vegan
- Lactose Intolerance
- Gluten Intolerance
- Food Allergy (please specify) \_\_\_\_\_
  - My food allergy is life threatening
- Other (please specify) \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Student Signature \_\_\_\_\_

Student Cell # \_\_\_\_\_

Parent Signature (if student under 18 years old) \_\_\_\_\_