

STAR ROGUE ONE WARS

SARDIS YOUTH STAR WARS ROGUE ONE PREMIER PERMISSION FORM

Name: _____ Age: _____ Grade: _____

Youth's Phone Number: _____ Youth's Email: _____

Address: _____ City _____ State: _____ Zip Code: _____

Parent(s)' Name(s): _____

Parent(s)' Phone Number: _____ Parent(s)' Email(s)*: _____

**Activity updates will be sent to this email address. Please provide one you check often.*

Has your insurance changed since turning in your 2016-2017 Medical Form? No Yes

(If 'yes' is selected, please attached a copy of the front and back of your insurance card to this registration form.)

I allow my child to attend the Sardis Presbyterian Church Youth *Star Wars Rogue One* movie premier event. I understand this movie is not yet rated, but could carry PG-13 or R rating.

Parent Signature: _____

The cost is \$15. We will be viewing the midnight premier of *Star Wars Rogue One* on Thursday, December 15.

The registration deadline is Sunday, October 16. This date is subject to change without notice since the official release date for tickets has not been announced yet. In order to all be in the same theater, all tickets need to be purchased at the same time as soon as they go on sale. Please register early to guarantee your space.

**Please return this form and non-refundable payment made out to Sardis Presbyterian Church to:
Sardis Presbyterian Church | Attn: Adrian Martin | 6100 Sardis Rd. | Charlotte, NC | 28270**