WESTMORELAND COURTHOUSE REALITY TOUR

6-9 pm—Arrive at 5:30

Reality Tour at Courthouse, 2 N. Main St. Greensburg 6-9 pm

Must choose 2 possible dates. **Put 1 and 2 beside selections.**

The district asks all families to attend Reality Tour. Suggested dates:

2017: Wendover Dates: Jan. 31___ Feb 28____

West. Hempfield Date: March 28___

Harrold Date: April 25____

Open Dates: May 30____ June 27____

Mail or register online www.RealityTour.org

Excela Health

I agree to allow my child/children _____age/ages_____ to participate in CANDLE, Inc.'s Reality Tour program & surveys. I understand the program is appropriate for children ages 10-18 and the **child's** parent / ***legal*** guardian must be present.

A.) I will _____accompany my child. Or B.) Name child's *legal* guardian if attending:_____

My signature below indicates I agree not to hold CANDLE, Inc. or its affiliates liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in *Reality Tour*. I am aware news cameras and/or reporters may be present. Some sections of *Reality Tour* are emotionally charged and I understand parental guidance is a must.

My signature below indicates I understand that the Reality Tour includes the following: (Circle to opt out)

Peer Pressure Emergency Room / Overdose Funeral Scene Arrest / Prison Surveys Name published Star Parent list

X_____ X _____ X_____

SIGNATURE OF PARENT OR *LEGAL* GUARDIAN **PRINT NAME HERE** **DATE**

Address: _____**City**_____ **State**_____**Zip**_____

Ph:_____**E-mail**_____

» Do not bring your child's friend without their parent. They will not be admitted! «

Enter name, age & grade of youth. **List ALL adults attending as well:**

1._____ 3._____ 5._____

2._____ 4._____ 6._____

CHECK HERE ☐ IF CONFIRMATION OF ATTENDANCE IS MANDATED OR REQUIRED BY SCHOOL OR COURT

PHONE: 724-679-6612 TO REGISTER & MAKE REQUIRED PAYMENT & CONFIRMATION ARRANGEMENTS (NO EXCEPTIONS)

REGULAR REGISTRATION = $5.00 (EACH ADULT & EACH CHILD)

(NO CHARGE FOR THOSE ON FREE OR REDUCED LUNCH. WRITE 'LUNCH' BELOW))

Note: Your reservation date will be confirmed by postcard.

TOTAL PERSONS ATTENDING_____*x $5.00 EA = $*_____

***MY DONATION TO SUPPORT* Reality Tour = $_____**

Donations are tax deductible

***Total *amount* enclosed = $_____**

Mail Now! Make checks payable to: CANDLE, Inc.

Address: 100 Brugh Ave., Butler, PA 16001

NO REFUNDS. NO-SHOWS TAKE SEATS AWAY FROM PARENTS WHO ARE WAITING TO ATTEND! We invest our time to prepare for your attendance.

VISIT www.RealityTour.org E-mail CarolGreen@candleinc.org

Phone: 724-679-6612

___Please reserve (#___) home drug test kit/s for me @ $15 ea.

'I Promise' Hoodies & T-shirts

Wear your drug-free promise!

Adult sizes: Small Medium Large XL (+ $2.00) XXL (+ $2.00)

Hoodie—$30.00 Size(s)_____Color(s)_____ (black or gray)

T-Shirt—$15.00 Size(s)_____ (white Only)

Total Order $_____*(make checks payable to **CANDLE, Inc.**)

Ready for pickup at Reality Tour®

Follow us on...