



# Valentine's Day Pajama Party



## Neshannock Marching Band Fundraiser

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The Neshannock Marching Band, in cooperation with the Neshannock Band Parents, is having a Valentine's Pajama Night Fundraiser on **Friday, Feb. 14**, from **5 - 9 pm**. This activities night is open to Neshannock students currently in grades 1 – 6. Drop off time will be between 5 - 5:30pm in the Neshannock Memorial Elementary lobby; pick up is between 9 - 9:30pm.

We are planning to have face painting, Valentine's Day bingo, karaoke, crafts, movies, games, pizza, and snacks. What a fun way for your child to spend Valentine's Day with friends while wearing cozy pajamas! The cost to participate is **\$30** per student - any siblings are an additional **\$10** each.

To have your child participate, simply:

1. Complete the attached form (each child participating must have their own form.)
2. Determine your cost (\$30 for 1st child; \$10 each additional sibling); make your check payable to NESHANNOCK BAND PARENTS.
3. Turn your completed form(s) and check in a sealed envelope addressed to "Valentine's Party" into the Elementary office.
4. A limited number of reservations will be accepted on a first come-first serve basis. The deadline to submit your reservation is **Feb. 10**.

Activities will be run by our Neshannock band members and adult supervision will be provided. If you have any questions, please call (724) 674 - 9156.

### PLEASE NOTE:

- Children are not to bring any electronic devices except for cell phones.
- In the event of inclement weather, the fundraiser will be rescheduled for a later date.

*Happy Valentine's Day!*

# Valentine's Day Pajama Party Information Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

## Parent and Emergency Contact Information

Parent/Guardian Name #1: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

## Emergency Contacts

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special health needs of which the nurse and adult chaperones should be made aware, including but not limited to allergies (such as medications & foods), diabetes, seizures, heart condition, etc. Please provide instructions as needed for treatment.

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Does the child require an Epi-pen or other medication? YES or NO \_\_\_\_\_

May the student self-administer the Epi-pen or other medication? YES or NO \_\_\_\_\_

- If NO, please provide instructions on how to treat an allergic reaction:

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(Please turn over) ➡