

Monte Fest Wristband Pre-sale

October 4th - October 13th

Wristbands include: Unlimited inflatable games, unlimited trips through the inflatable maze, and 2 trips through the haunted maze



\$15/ PTA Members Only
\$17/PTA Non-Members Only
\$20/at door day of the event



How can you get your pre-sale wristbands?

1. Fill out the order form completely below
2. Complete a waiver (required to participate & receive wristband)
3. Submit payment - cash, check, or credit card
4. Seal steps 1-3 together and drop in PTA box in the front office
5. Wristbands will be given out on October 22nd (day of Monte Fest) in class

Sponsored and funded by your Monte Vista PTA - Your Membership matters



Contact Name (First/Last): _____

Contact Phone Number: _____

Child's Name: _____

Teacher's Name/Room #: _____

Credit Card #: _____ CVC: _____ EXP Date: _____ Zip: _____

\$1 fee for credit card

Total # of items: _____ Grand Total Due: _____ Check #: _____

Sorry, No REFUNDS on Wristbands!

Monte Fest Raffle Ticket Pre-sale

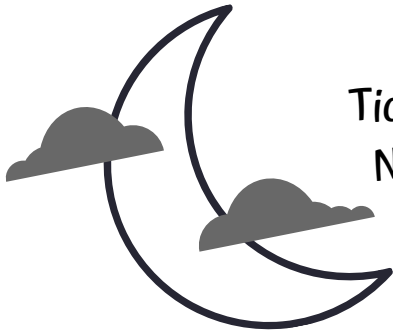
October 4th - October 13th

Pre-sale tickets are \$.50 each

(Cash, Check, and Credit Card Only)

Tickets will be \$1 each or \$5/6 tickets at the event

No Pre-sale will be available after October 13th



How does it work?

1. Fill out form completely below
2. Submit payment - cash, check, credit card
3. Seal steps 1-2 together and drop in PTA box in the front office
4. Attend Monte Fest

5. Bring your pre-ordered raffle tickets or purchase tickets at the door

6. Each prize will have a separate drawing so you chose which box you put your raffle in to win!

7. Drawings called at Monte Fest but you do NOT need to be present to win

Don't miss out on some Great Raffles at Monte Fest like:

Disneyland Tickets American Girl Up Town Jungle Total Wine

Sweet D'oh Bakery Freedom In Motion Gym HGWeddingsandEvents

The Little Red Barn Playground United Studios of Self-Defense

and much, more!

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Contact Phone Number: _____

Child's Name: _____

Teacher's Name/Room #: _____

Credit Card #: _____ CVC: _____ EXP Date: _____ Zip: _____

\$1 fee for credit card

Total # of items: _____ Grand Total Due: _____ Check #: _____

Sorry, No REFUNDS on Raffle Tickets!

PARENT’S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

2327 L Street, Sacramento, CA 95816-5014(916) 440-1985 • FAX (916) 440-1986 • Email info@capta.org • www.capta.org

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child
2. _____
Participant Name Age, if minor child
3. _____
Participant Name Age, if minor child
4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word “none”. If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date
2. _____
Parent/Guardian Signature Print Name Date

_____ Address City State Zip Phone (include Area code)