



GIRL SCOUT  
TROOP 67849  
PRESENTS

# Me & My Special Someone

# Lets BOOGIE

**COME DANCE THE NIGHT AWAY  
WITH ALL YOUR FAVORITE DANCE MUSIC.**

Friday, April 26 from 6 pm to 9 pm  
Lewis Mills High School Cafeteria

Open to girls kindergarten through 5th grade

**DON'T DELAY - limited tickets available!**

Tickets are first come, first served! (*no reserves & are non-refundable*)

Want tickets? See instructions & pricing on reverse side of flyer.

Admission price includes: dinner, dancing, face painting, Girl Scout fun patch, party favor & photo keepsake!

Girl **MUST** be accompanied by an adult at least 18 years old at the dance.



**This completed permission slip must be returned with admission payment.**

## **Me and My Special Someone Disco Dance**

Presented by Troop 67849

**Tickets \$35 for 2 (1 adult/1 child), each additional child ticket \$15**

Checks made payable to: GSOFACT Troop 67849

mail permission slip and payment to:

Rachel McFadden, 15 Farm Ridge, Burlington, CT 06013

**Have questions? E-mail Rachel at [rachel.mcfadden@gmail.com](mailto:rachel.mcfadden@gmail.com)**

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### Permission Slip/Order Form

Girl(s) name(s): \_\_\_\_\_ Troop number (if applicable): \_\_\_\_\_

Adult name & relationship to girl: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening/Cell Phone: \_\_\_\_\_

Level (check one):  Daisy  Brownie  Junior or  none

Guest number of tickets: \_\_\_\_\_

To calculate cost: 1st pair (1 adult/1 child)@ \$35 + (# of additional child tickets x \$15) = \$ \_\_\_\_\_

I have read the program information and give my child permission to participate in the activity listed above. I understand that the council is not responsible for any personal belongings of my child. I understand that I am responsible for arranging transportation to and from event locations. I understand that, in the case of emergency, every effort will be made to contact a parent or guardian prior to medical treatment. If the parent or guardian cannot be reached, however, and the situation requires immediate emergency attention as determined by the Girl Scout representatives, I hereby authorize representatives of the Girl Scouts of Connecticut to obtain necessary treatment for my daughter. Yes\_\_\_ No\_\_\_

I give permission for photographs, videos, audio recordings, and quotations of my child taken by authorized Girl Scouts of Connecticut staff or their designer to be used for council publications, television, or the World Wide Web. Yes\_\_\_ No\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This event is sponsored by Girl Scouts of Connecticut, a registered non-profit organization. It is not sponsored or endorsed in any way by the Board of Education for Regional School district #10. Girl Scouts of Connecticut retains sole legal responsibility for the conduct and safety of this event*