



Join St. Theresa LIFE Teen

For a Church Night Out with the Phoenix Suns!

Phoenix Suns

vs.

Atlanta Hawks



**Friday, February 19th
7pm @ US Airways Center**

PACKAGE INCLUDES:

- Ticket to a Suns game
- Early entry for the WHOLE group to watch player warm-ups from the Lower Level
- Church photo with a Suns Personality
- Suns player jersey bag
- Church welcome on the Jumbotron



	# of Tickets:	Ticket Price:		Total:
		200 Level Curve	@27 (REG. \$45)	
		Handling Fee		\$ 5.00
		Total Amt. Enclosed		\$
PAYMENT METHOD: CASH OR CHECK ONLY				
CITY		STATE	ZIP	
HOME PHONE: () -		CELL PHONE: () -		
For questions or to order, contact Ryan Howe at (602)840-0850 or email Ryan at rhowe@diocesephoenix.org				

St. Theresa Parish LIFE Teen Program

Parental Consent/Release Form Phoenix Suns Outing

Participant's Name _____ Age _____ Birth Date ____/____/____

Phone Number _____ Parent's Business Phone _____

Address _____ City _____ Zip _____

School _____ Year of Graduation _____ T-Shirt Size _____

Names of Parents/Guardians _____

I request my son/daughter, _____, be permitted to participate in the Phoenix Suns Outing, Friday, February 19th, 2010, which is sponsored by the St. Theresa LIFE Teen Program.

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this event and that I will be notified as soon as possible in the event of an emergency.

In the event of sickness or accident, I will not hold the Diocese of Phoenix, Camp Tepeyac, St. Theresa Parish, St. Theresa LIFE Teen program or the youth group leaders responsible. In the case of sickness or an accident, I authorize and consent to any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment under the general or specific supervision, and on the advice of any physician, dentist or surgeon licensed to practice in the State of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expenses incurred shall be at my expense.

My child agrees to abide by all the roles and regulations stated at the conference. I understand that the Diocese of Phoenix, St. Theresa Parish, St. Theresa LIFE Teen program or the youth group leaders will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

Parent's/Guardian's Signature _____ Date _____

Insurance Company Name _____ Insured Name _____

Insurance Policy # _____ Physician & Phone # _____

EMERGENCY PHONE #1 _____ NAME _____

EMERGENCY PHONE #2 _____ NAME _____

Please note any health or allergy conditions which would effect his/her participation or which should be given to an attending physician, dentist or surgeon: