



**Estacada High School SAFACT Presents  
Class of 2018 All Night Grad Party**

**DATE: June 9<sup>th</sup>, 2018 10:00pm – June 10<sup>th</sup>, 2018 8:00am**

**Students will need to check in directly after the ceremony in the high school commons!**

**We will be accepting sign ups until April 1, 2018. We encourage all students to attend!**

**Pre-Registration Cost: before January 1<sup>st</sup> is \$60.00**

**Late Registration Cost: after January 1<sup>st</sup> is \$75.00**

SAFACAT is a non-profit organization and is solely made up of volunteers. The party is a parent sponsored, chaperoned, drug and alcohol-free all-night party for all Estacada High School Seniors (a valid student ID is required). The graduates will be whisked off to a fun and safe location by bus, where they will celebrate each other's accomplishments with food, activities and prizes. When we arrive back in the morning, the graduates will enjoy a breakfast provided by St. Aloysius Church, Marian Guild, and the VFW Post, located at the St. Aloysius Catholic Church in Estacada!

**Volunteers and Donations are needed for events all year!**

**Visit our Facebook Page – SAFACT 2018** – for Future Events, Sign Up to Volunteer or Attend Meetings. We welcome all parents, grandparents, guardians to attend and participate. We provide tax receipts for any item or money donations made to SAFACT or scholarship fund, our goal is to make sure everyone can attend.

**Ways to Pay Admission Cost or To Donate:**

**(The school staff will not be collecting money, so please make sure to use the below methods of payment.)**

**Payments can be made by Check, Cash or Money Order, Credit or Debit Card,  
please attach insert with payment**

- Make all checks and Money orders out to **SAFACT**
- Send to **SAFACT, PO Box 1406, Estacada, OR 97023**
- Drop off Payment to the **Estacada Book Nook** at 155 SW 3<sup>rd</sup> Ave.
- **Pay with Credit or Debit Card:** Go To [www.square.com/store/ehssafact](http://www.square.com/store/ehssafact).

**Questions? Email Us At: [ehssafact@gmail.com](mailto:ehssafact@gmail.com)**

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Please insert with payment

Student Name: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Student T-Shirt Size: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent Guardian wish to Chaperone: Y \_\_\_ N \_\_\_