



# Belle Vernon Area Reality Tour

## Registration form

Site: Belle Vernon Area High School  
425 Crest Ave  
Belle Vernon, Pa 15012

Mail form to the address indicated below.

Time: 6-8:30 P.M. Arrive: 5:30 P.M.

Must choose 2 possible dates. Indicate a 1 and 2 beside selections.

2019 Sept. 16 \_\_\_ Oct. 14 \_\_\_ Nov. 11 \_\_\_ Dec. 9 \_\_\_

2020 Jan. 13 \_\_\_ Feb. 10 \_\_\_ March 9 \_\_\_ April 13 \_\_\_ May 4 \_\_\_

Presenting Organization:  
**Rostraver Township  
Lions Club**



I agree to allow my child/children \_\_\_\_\_ age/ages \_\_\_\_\_ to participate in CANDLE, Inc.'s Reality Tour program & surveys. I understand the program is appropriate for children ages 10-18 and the **child's** parent / **legal** guardian must be present.

A.) \_\_\_ I will accompany my child. Or B.) Name child's legal guardian if attending: \_\_\_\_\_

My signature below indicates that I have read the above and agree not to hold CANDLE, Inc. or its affiliates liable for any claims, damages, demands, actions or lawsuits that could arise as a result of my participation or my minor child's participation in *Reality Tour*. I am aware news cameras and/or reporters may be present. Some sections of *Reality Tour* are emotionally charged and I understand parental guidance is a must.

My signature below indicates that I understand that the Reality Tour includes the following: (Circle to opt out)

Peer Pressure    Arrest / Prison    Emergency Room / Overdose    Funeral Scene    Surveys

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN    PRINT NAME HERE    DATE

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Enter name, age, and grade of youth attending. List **ALL** adults attending as well:

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

REGISTRATION = \$5.00 (EACH ADULT & EACH CHILD)  
(NO CHARGE IF ON FREE OR REDUCED LUNCH. WRITE 'LUNCH')

TOTAL PERSONS ATTENDING \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_

Donation to support the Reality Tour = \$ \_\_\_\_\_  
(Tax deductible)

Total amount enclosed = \$ \_\_\_\_\_

**\* No refunds for no shows and cancellations \***

**Mail Now!**

Make checks payable to:

Rostraver Township Lions Club/Belle Vernon Reality Tour

Mail to: 808 Graham Street  
Belle Vernon Pa, 15012

SPONSORED BY:

- Rostraver Township Lions Club
- Ferguson Funeral Home
- Belle Vernon Area Ministerium

**\*\*\* Limited Seating, PLEASE REGISTER EARLY  
\*\*\* Please do not bring your child's friend  
(without their parent). ADMITTANCE WILL BE DENIED.**

**\*\*\* If you do not show up for the tour you registered for, YOU MUST RE-REGISTER**