

Mount Greylock Regional School District 1781 Cold Spring Road Williamstown, MA 01267

(413) 458-9582 FAX (413) 458-9581 www.mgrhs.org

Guest Information Application

**This form must be filled out and signed before you purchase a ticket for your guest.

Event	Date
Mount Greylock High School Student:	
Name	Grade
Parent/Guardian Number	
Parent/Guardian Signature:	**************
Guest Information:	
Guest's Name	Guest's Age Grade
Address	
	eached during the event:
High School Currently Attending	
Guest Parent/Guardian Signature	***************
To be completed by High School Administrator The "guest" listed above has been invited to a Mou participate in extracurricular and school functions a	
Is this student eligible to participate in extracurricu Yes No	lar and school functions at his/her Home District?
High School Administrator Name/Title	
High School Administrator Signature	
High School Administrator Contact Number	
Mount Greylock Administrator Signature	