



Please return the portion below to the school office with payment marked "Mommy & Son Superhero Game Night" by Friday, March 15th.

Yes, include us in the Mommy & Son Superhero Game Night

Number of people attending: _____

Last name: _____ Grade of oldest child: _____

Mom's name(s): _____ Son's name(s) _____

Cost: ___ \$25 Mommy & Son ___ x \$5 Each additional Son
___ x \$5 Each additional Mom (Grandmother, Aunt, Godmother)

Total payment enclosed : _____