



TEEN LOCK-IN

TRAVERSE AREA DISTRICT LIBRARY

MAIN BRANCH, TRAVERSE CITY

8:00pm Friday July 28, 2023 – 8:00am Saturday July 29, 2023

| O BE FILLED IN BY THE TEEN PARTICIPANT: | |
|--|---|
| Name: | Age: |
| address: | Grade in Fall: |
| | |
| | |
| | |
| elephone Number: | |
| y signing my name below, I agree to abide by the rules of t | he Library and to follow the directions of the |
| y signing my name below, I agree to abide by the rules of t haperones. I understand that if I do not, my parents will be | he Library and to follow the directions of the called and I will have to leave the Teen Lock-In. |
| By signing my name below, I agree to abide by the rules of the chaperones. I understand that if I do not, my parents will be signature of Participant: | he Library and to follow the directions of the called and I will have to leave the Teen Lock-In. Date: |
| Telephone Number: | he Library and to follow the directions of the called and I will have to leave the Teen Lock-In. Date: ADULT PARTICIPANT: |

Teens may bring movies, music or video games. However, only those with teen appropriate ratings, such as PG13, E-T or TV14, will be permitted. Pizza, snacks, and breakfast will be provided by the library. Any kind of sleeping bags, pillows or bed items must be brought by the teen. The Library will not be held responsible for damage or theft of personal items. A place will be provided for teens to lock up items when not in use.





I hereby release the Traverse Area District Library from any liability for any claim or damage which may result during the event itself.

| During the time of the Teen Lock-In, I may be reached at the following number: | | | | |
|--|---|--|--|--|
| Print Name | | _ Phone: | | |
| Should the Library be unable to contact me, an alternative contact is: | | | | |
| Print Name: | | _ Phone: | | |
| Please describe any special needs of the participant (allergies, medicines, dietary restrictions, etc.): | | | | |
| My child is able to take his/her own medicine during the evening if needed: Yes/No | | | | |
| Teens may be picked up at the main entrance to the Traverse Area District Library. Please select one option. | | | | |
| | I agree to pick up my teen at 8:00am on Saturda | ay, July 29, 2023. | | |
| | My teen may leave on their own at 8:00am on Saturday, July 29, 2023. | | | |
| | I prefer to pick up my teen at the alternative time of 11:00pm on Friday July 28, 2023. | | | |
| | My teen may leave on their own at the alternat | ive time, 11:00pm on Friday July 28, 2023. | | |
| Signature of pa | rent/guardian: | Date: | | |

PLEASE RETURN THIS FORM TO THE

Traverse Area District Library Main Woodmere Branch 610 Woodmere Ave, Traverse City Michigan, 49686

BY 8:00PM ON MONDAY, JULY 24, 2022

IF WE DO NOT RECEIVE YOUR FORM BY JULY 25, YOUR TEEN WILL NOT BE ABLE TO ATTEND THE LOCK-IN.