YSFA YOUNG SCHOOL FAMILY ASSOCIATION

Homeroom Parent – Valentines Party List

Teacher:_____
Grade:_____ Room #_____
Party/Event:_____
Time:_____

Parents Attending:
1._____
2._____
3._____
4._____

Homeroom Parent:_____
phone #:_____

Name	Qty	Refreshment (snack, drinks, etc.)	Paper Goods	Games/Reading	Other

* Please allow time for all activities, parties, guest readers, etc.

Special Instructions:

* Party/Event Form to be given to office for verification.