Winter Wonderland: Father-Daughter Dance
Open to any kindergarten-4th grade girl and that special man in her life

JANUARY 31
6 P.M. – 8 P.M.
DALLMEYER HALL ON THE FAIRGROUNDS
Lower level
***listen to KCII 106.1 fm for any weather cancellations

SPECIAL GUEST:
ELSA FROM FROZEN

This fun evening out for a young girl and special adult will include:

- A night of dancing and games in a Winter Wonderland
- Light refreshments
- Door prizes
- Fresh Flower Corsage
- 4 digital pictures emailed from the Winter Wonderland photo booth
- A night of memories with someone special

Walk-ins welcome the night of for $20 per couple.

Pre-Registration Form due Jan 23
Return form to: Washington County Extension, 2223 250th St., Washington, IA 52353 (319-653-4811)
Enclose the correct registration fee with this form. Make checks payable to Washington County Extension.
No refunds will be given.

Please check the correct boxes below:

$15/couple ______ Winter Wonderland evening out, 6 p.m.—8 p.m.

$10 ______ Hair Appointment You will be called with your finalized time. Please number your Top 3 choices.

____ 3 p.m. ______ 3:30 p.m. ______ 4 p.m. ______ 4:30 p.m. ______ 5 p.m. ______ 5:30 p.m.

Name: _______________________________ Grade: __________ Escort’s Name/relationship: ____________________
Address: ______________________________ City: _______________ Zip: _________
Home Phone: ___________________________ Cell Phone: ___________________________

Are you a current Clover Kid or 4-H Member**? (circle one): Yes No **membership is not required to participate
(Turn form over and complete backside)
Extension programs are available to all without regard to race, color, national origin, religion, sex, age, or disability.

Health & Permission Statement

Allergies: ____________________________

Does your child have any behavioral needs that we need to be aware for a positive experience?

Parent Permission

I hereby give permission for _____________________________ to attend this event sponsored by Washington County Extension. I understand that I will be notified if my child is not respecting others and in the event of severe weather I will pick my child up immediately. Extension staff/volunteers will supervise the event and provide necessary emergency care. If a serious illness or injury develops and medical and/or hospital care is necessary, I give permission for emergency treatment or surgery as recommended by the attending physician.

Extension staff may photograph my child for media and website usage.

Parent’s Signature: ______________________________