

MUMMY-SON MONSTER MASH

SPOOKTACULAR TIME FOR ALL

Open to any kindergarten-4th grade boy and that special "mummy" in his life.

This activity is not a school sponsored event. This school makes no endorsement on the quality of this activity or the group sponsoring it. Parents should judge the appropriateness for their family.



OCTOBER 19

6 P.M. – 8 P.M.

Dallmeyer Hall on the Fairgrounds
Lower level

COSTUMES ENCOURAGED – NOT REQUIRED*

Costume prizes awarded!

*Please kid-friendly and appropriate costumes only.



\$20/couple

\$5 for an additional child

This fun evening out for a young 'goblin' and special 'mummy' will include:

- A howling good time on the dance floor
 - Tricks and Treats
 - Pumpkin Decorating
 - Door prizes
- Digital images available from the photo booth with one keepsake print
- A night of memories with someone special**

***not exclusive to mothers/sons only but for young boys and an important adult female in their life is welcome (aunts, neighbors, grandmas, cousins, etc)*

Pre-Registration Form due Oct 14 – Mummy Son Monster Mash

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. \$20 a couple (\$5 for an additional child)

Name: _____ Grade : _____ Escort's Name/relationship: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Family Email: _____

Are you a current Clover Kid or 4-H Member**? (circle one): Yes No ***membership is not required to participate*

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. 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/video my child for media and website usage.

Parent's Signature: _____

Extension programs are available to all without regard to race, color, national origin, religion, sex, age, or disability.