A NIGHT ON THE TOWN 5 Father-Daughter Dance

Open to any kindergarten-4th grade girl and that special man in her life



Get that perfect "night
out" look by scheduling
a hair appointment too!
County Council
members will be taking
appointments from 3
appointments from 3
p.m. - 5:30 p.m. that
day for \$10.

FEBRUARY 10

6 P.M. = 8 P.M. Dallmeyer Hall on the Fairgrounds

Lower level

***listen to KCII 106.1 fm for any weather cancellations

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

- A night of dancing and games in the city
 - Light refreshments
 - Door prizes
 - Fresh flower corsage
- Digital images available from the photo booth with one keepsake print

\$20/couple

• A night of memories with someone special

\$5 for an additional child

Pre-Registration Form due Feb 1

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:

| \$20/couple A Night Out, 6 p.m.—8 | p.m. | | | |
|---|-------------------|-----------------------|---------------------------------------|--|
| \$10 Hair Appointment You | will be called wi | th your finalized tin | ne. 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 : | Escor | t's Name/relationship: | |
| Address: | City: | | Zip: | |
| Home Phone: | | | • | |
| Are you a current Clover Kid or 4-H Member*** participate | ? (circle one): | Yes No | **membership is not required to | |
| Allergies: | | | | |
| Does your child have any behavioral needs that | we need to be | aware for a positive | e experience? | |
| Parent Permission | | | | |
| I hereby give permission for | | _ to attend this eve | ent sponsored by Washington County | |

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

surgery as recommended by the attending physician.

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

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