

Enchanted Ball: Father-Daughter Dance

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

February 11

6 p.m. – 8 p.m.

Dallmeyer Hall on the Fairgrounds

Lower level

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

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

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

- A night of dancing and games in an enchanted land
 - Light refreshments
 - Door prizes
 - Fresh flower corsage and tiara
- Digital images available from the enchanted photo booth
 - A night of memories with someone special

\$20/couple
\$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 Enchanted 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*

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: _____

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