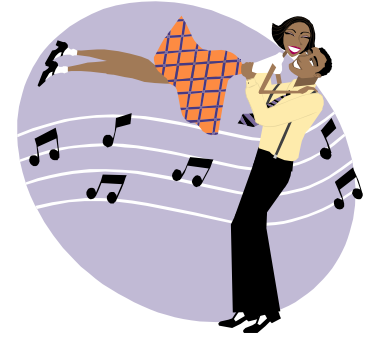


# GREENE COUNTY PARKS AND RECREATION

## 7th Annual Father/Daughter Valentine's Dance Saturday February 20, 2010



1st Dance (Pre-K through 3rd Grade) 5:15-6:45p.m.

2nd Dance (4th Grade through 8th Grade) 7:30-9:00p.m.

**\$10/couple**

Join us for our 7th annual Valetine's Dance for Fathers, Uncles and Grandpas to treat their little princess to an enchanted evening of luxury and fun.

Girls must be between the ages of Pre-K and 3rd grade or 4th-8th grade.

Refreshments will be served. Each couple will receive a free 3x5 photo compliments of PhotoSmith and GCPR. If photos are not readily available at the dance, they will be sent to the participant's school.

These are the days to create memories that will last a lifetime.

We will need volunteers for both dances. So, if you would like to participate with one or both of these GCPR events, please let us know.

**Pre-Reservation deadline is February 12th, 2010.**

**LOCATION: RUCKERSVILLE ELEMENTARY SCHOOL**

***Walk-ins welcome, however charge at the door is \$15/couple***

GREENE COUNTY PARKS AND RECREATION  
P.O. Box 358 Stanardsville, VA 22973 PHONE: 434-985-5226  
FATHER/DAUGHTER VALENTINES DANCE PARTICIPANT REGISTRATION FORM

Participant Name \_\_\_\_\_ Escort Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Start Date \_\_\_\_\_ 02/20/10 \_\_\_\_\_ Fee \_\_\_\_\_ \$10 (\$15 at the door)

The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

\_\_\_\_\_  
Signature Parent/Participant

\_\_\_\_\_  
Print Name Parent/Participant

\_\_\_\_\_  
Date