



Anderson Township Park District's 8th Annual

# MOTHER-SON DANCE!

For boys ages 2-10 & their "mummies"

**🎃 Saturday, OCTOBER 22**  
**🎃 6 pm - 8 pm**  
**🎃 Beech Acres PARK RecPlex:**  
**6915 Beechmont Avenue**

Try out your Halloween costumes early at this annual dance for mothers and their sons! Pizza, refreshments, and a digital photo provided. Pre-registration only. No registration at door. Registration deadline is Wednesday, October 19 by 5 pm. Registrations accepted first come, first served!

Price: \$12 per person Resident; \$15 per person Non-Resident  
Questions? Call (513) 388-4513  
Drop off or mail: ATPD~Beech Acres Park RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230



## ATPD 2011 Mother Son Halloween Dance Registration

Mom's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Son's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Additional Sons: (Please include last names & birth dates, and any other information different from above participants.)

Price:  \$12 per Anderson Resident  \$15 per Non-Resident Total Due: \$ \_\_\_\_\_

Person paying if not mom \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Indicate to which e-mail address the confirmation & the picture be sent: \_\_\_\_\_

Visa  MasterCard  Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Security Code (Back of Card) \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Fax w/ credit card payment to: (513) 231-4190 OR Make checks payable & return to: Beech Acres Park RecPlex, 6915 Beechmont Ave., Cinti, OH 45230**  
**Registration acceptance is subject to the completion of payment and Release of Liability & Authorization below.**

**RELEASE of LIABILITY & AUTHORIZATION:** I hereby release the Anderson Township Park District (ATPD) & Beech Acres Parenting Center and their respective Boards, employees, agents & instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken of the participant named above during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Date \_\_\_\_\_ Time \_\_\_\_\_ Rec'd By \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Cash  CC  Check # \_\_\_\_\_ Check Name \_\_\_\_\_ Dep'd By \_\_\_\_\_ Conf. \_\_\_\_\_