



ANDERSON TOWNSHIP PARK DISTRICT

Princess Tea & Winter Ball

Register in advance. All Princesses are welcome to join us in the RecPlex kingdom for a wonderful time that includes pretend tea, treats and dancing at our 'Winter Ball'. Don't forget to dress the part! All princesses need to be potty trained. Party #1 is for girls ages 2-3 years old PLUS an adult. Party #2 is for girls ages 3 ½ to 5 years old (no adult).

Date: Saturday, December 10

Party #1: Ages 2-3 plus 1 adult **Time:** 9:30am – 10:15am **Price:** \$8 Anderson Res; \$10 Non-Res

Party #2: Ages 3.5 - 5 **Time:** 11:00 am – 12:30 pm **Price:** \$12 Anderson Res; \$15 Non-Res

Location: Beech Acres Park RecPlex

Questions? (513) 388-4515 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Princess Tea & Winter Ball ~ Fall 2011

Participant's Name _____ Birthdate ___/___/___ Gender _____ Grade _____ T-Shirt Size (sports) _____

Parent's Name (if applicable) _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____ Email _____

Medical Concerns: allergies, conditions, medications _____

Emergency Contact Name (different from above) _____ Phone _____

___ **Party #1** **Price:** ___\$8 Anderson Resident; ___\$10 Non-Resident **Total Due: \$** _____

FULL Party #2 **Price:** ___\$12 Anderson Resident ___\$15 Non-Resident **Total Due: \$** _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.

The ATPD may cancel or alter programs pending registration numbers.

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

Parent/Adult Participant Name _____ Signature _____ Date _____

-----For Office Use Only-----

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____