





LCPR-16th Annual Father-Daughter Valentine's Dance

Reservations are required prior to February 19th. Registration forms & money will be collected on Thursday 2/18 & Friday 2/19 between 8:00 and 8:30 a.m. at each elementary school.

Join us for our 16th Annual Father-Daughter Valentine's Celebration! This is a great way for fathers, uncles, and grandfathers to treat their little sweethearts to an evening of fun and dancing. Daughters must be between the ages of 5 and 13. Refreshments will be served.

Write a letter titled "My father is best of all because.." The letters will be judged and the two best letters will be presented on the night of the dance. Letters due to LCPR office no later than February 18th. More info 967-4420.

February 19, 2010
Betty Queen Center
7:00 p.m. - 9:00 p.m.
\$12/couple
 \$5 each additional child or adult

Professional photos will be taken for an additional \$21 (CASH ONLY). Picture package includes 1 8x10, 1 5x7, and 4 wallets. Doors will open at 6:30 p.m. for those who wish to take their pictures early.



PARTICIPANT REGISTRATION FORM

Mail this form to:

LOUISA COUNTY PARKS & RECREATION
 P.O. Box 864/Louisa, VA 23093 (540) 967-4420



FATHER NAME: _____ HOME PHONE: _____
 MAILING ADDRESS _____ WORK PHONE: _____
 CITY _____ ZIP _____ SCHOOL: _____

Participant Name		Male/ Female	Birthdate MM/DD/YY	Age	Program Name/Location	Start Date	Fee
First	Last						
					Father-Daughter Dance	2/19/10	\$12
					Additional Child or Adult	2/19/10	\$5

The Louisa 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 Louisa 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/Guardian/Participant

Print Name - Parent/Guardian/Participant

Date