

## CALLING ALL MOMS, DADS, GRANDPARENTS, AUNTS AND UNCLES!

Do not miss our TWO special nights planned just for you!

### Daddy/Daughter Dance , Grades K-5

Community Education Staff

Join us for a Daddy/Daughter Dance! Dads, uncles, grandpas, etc. can escort their special girls to this evening of dancing and fun. Dress up or come casual!

A photo booth will be set up so you can capture this precious moment. Music will be provided and dessert and beverages will be served. **No discounts.**

COST: \$9 per pair

WHEN: **Friday, February 27**  
6:30-8:00pm

WHERE: SRR Middle Sch. Door 4,  
Center Gym

CLASS: #2874



### Mom/Son Game Night! Grades K-5

Community Education Staff

Moms, grandmas, aunts, etc. are invited to spend an evening with your little guy! The "Minute to Win It" stations are sure to be a blast!

A photo booth will be set up so you can capture a photo together. Snacks and beverages will be served. Door prizes too! **No discounts.**

COST: \$9 per pair

WHEN: **Friday, March 27**  
6:30-8:00pm

WHERE: SRR Middle Sch. Door 1, Rm 219

CLASS: #2875



Register online at [www.SaukRapidsRiceOnline.org](http://www.SaukRapidsRiceOnline.org), call 258-1577 or mail in the form below.

*Please do not give form to your classroom teacher*

### Sauk Rapids-Rice COMMUNITY EDUCATION Registration Form

**Adult Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Any special needs, allergies (food or other) or health issues the instructor should be aware of: \_\_\_\_\_

CLASS/EVENT #	CLASS TITLE	FEE
_____	_____	_____
_____	_____	_____

**TO PAY BY  
CREDIT  
CARD**

**Name on Card:** \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**CC#** \_\_\_\_\_ **Visa MC Discover**  
**NUMBER** \_\_\_\_\_ **3-DIGITS (on back)** \_\_\_\_\_ **EXPIRATION** \_\_\_\_\_

**Statement of Release:** I agree to release District 47 Public Schools, Community Education and its employees of all liability related to accidents or injuries which I or a member of my family might incur while participating in the activities listed above.

Adult Signature \_\_\_\_\_

**Make Checks Payable to:**

Community Education

**Mail payment and form to:**

Community Education

901 First Street S. Sauk Rapids, MN 56379 Of-  
fice Phone: 258-1577

For Office Use Only

\$ \_\_\_\_\_ Cash/Check

\$ \_\_\_\_\_ Credit Card

Date Paid \_\_\_\_\_

Rcvd By \_\_\_\_\_

Receipt # \_\_\_\_\_