



HOLIDAY HOOPLA KID'S NIGHT OUT HOLIDAY HELPER

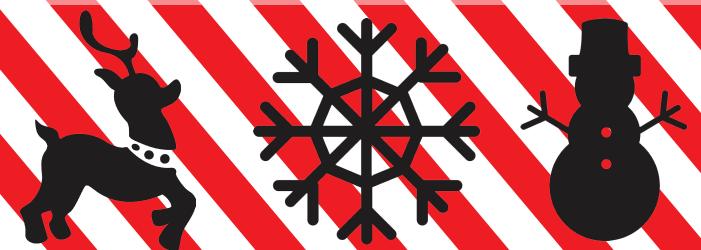
SATURDAY, DECEMBER 12TH
4:00-10:00PM
MEYER CENTER

Parents take this opportunity to finish (or start) your holiday shopping while your kids enjoy an evening of fun-filled "Holiday" activities. Some of the activity options will include: roller skating, open gym, rock wall, gymnastics, games & crafts, and more. Dinner and snack will be provided at the YMCA for all participants. Spots are limited; pre-registration is strongly encouraged. (This program is designed for children currently enrolled in grades K-5th).

EARLY BIRD REGISTRATION PRICE PER CHILD: MEMBERS \$25 • NON-MEMBERS \$35

EARLY RESIGTRATION DEADLINE IS FRIDAY, DECEMBER 11TH

AT THE DOOR REGISTRATION: MEMBERS \$35 • NON-MEMBERS \$45
SIBLING DISCOUNT: \$5 OFF ANY OF THE ABOVE LISTED RATES PER SIBLING
REGISTRATION FORMS AVAILABLE AT BOTH THE ESIC & MEYER CENTERS





REGISTRATION FORM FOR KID'S NIGHT OUT COMPLETE ONE FORM FOR EACH CHILD ATTENDING

HOLIDAY HOOPLA!

(DESIGNED FOR CHILDREN CURRENTLY ENROLLED IN GRADES K-5)

Saturday, December 12th • Edwardsville YMCA Meyer Center • 4:00 – 10:00pm Drop off / Pick up location: Lobby

Pre-registration deadline is Friday, December 11, 2015
Spots are limited; pre-registration is strongly encouraged
Fee If Registered Before Or On The Deadline: Members \$25 • Non-members \$35
Walk-in Registration: Members \$35 • Non-members \$45
Discount Per Child For Siblings: \$5 off of any of the above rates

THIS EVENT INCLUDES PHYSICAL ACTIVITIES; please have children wear tennis shoes & socks.

Participant's Name:		Age:	Grade:	
Parent/Guardian Name:				
Phone Number that we can reach	n you during Kid's Night Out E	vent:		
Person(s) Authorized To Drop-o	ff/Pick-up Your Child:			
Name:		Relation	ship:	
Name:			Relationship:	
In Case Of Emergency Please Co	ntact:			
Name:		Relations	ship:	
Hone Phone:	Cell Phone:			
Medical Information: Please list any allergies, medica	l problems or physical ailment	ts the child m	ay have:	
Special Needs: Please list any special assistanc	e your child may require:			
understand that I will be notific arrangements for medical care o		-		
Parent/Guardian Signature:			Date:	
FOR OFFICE USE ONLY				
Total Amount Received:	Circle Method: Check Cash Card Date Paid:			
Staff Initials:	Codes: (2FPHOLH 1ST)	(2FPHOLH S	IB)	