

City of Woodland
Community Services Department
Presents:



Father Daughter Dinner Dance



Saturday, November 5, 2016
6:00 p.m.—10:00 p.m.
Woodland Community & Senior Center
2001 East Street
Woodland

This semi-formal dinner includes a sit down dinner, dancing, raffles and activities. This will truly be a special night for daddies and their little girls. Also, a Professional photographer will be on site to capture those precious moments for an additional fee. (Photos begin at 5:00pm)

Deadline to purchase tickets is Friday, October 21, 2016 or the first 250 tickets sold.

Tickets will be available for purchase beginning August 29, 2016

(Space is limited so register early) - **NO TICKETS WILL BE SOLD AT THE DOOR**

For more information,
please call Community Services Department at 661-2000
Ask for Yvette



Since the event has an arranged seating please notify Yvette if you will be with a group. (Tables seat 8 or 10) Seating arrangements are subject to change. Deadline for this information will be October 26, 2016



City of Woodland Community Services Department - 530* 661-2000
2001 East Street Woodland CA 95776

REGISTRATION FORM—FATHER/DAUGHTER DINNER DANCE

Staff Use Only
Ticket Number



Father'/Grandfather's Name: _____ **Birthday:** _____

Address: _____ City: _____ Zip: _____

Phone (Day): _____ Phone (Evening): _____

NOTE: If daughter(s) are under the age of 10 please put a check next to their name.

Daughter's/Granddaughter's Name: _____ **Birthday/Age**

Daughter's/Granddaughter's Name: _____ **Birthday/Age**

Daughter's/Granddaughter's Name: _____ **Birthday/Age**

- *Father/Daughter (6 and over) Couple \$85.00
- *Each Additional Daughter (6 and over) \$35.00
- *Father/Daughter (5 and under) Couple \$53.00
- *Each Additional Daughter (5 and under) \$ 8.00



Please make checks payable to City of Woodland

****OVER**



Program Name: FATHER DAUGHTER DINNER DANCE

Payment Method

- Check Checks payable to **City of Woodland**
- Credit Card Visa/MasterCard # _____ - _____ - _____ Exp _____ / _____
- Cash

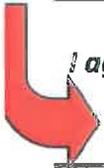
Total Amount Due \$

Waiver of Liability, Medical release and Indemnification agreement for minor and adult participant

1. In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have as a result of my participation. This release is intended to discharge the City of Woodland and its agents and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.
2. I understand that serious accidents occasionally occur during recreational activities, sports, outdoor activities, or fitness activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which I have registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.
3. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.
4. I give the City of Woodland the right to use photographs of me and my child(ren), participating in this program, in its own promotional materials.
5. We will make good any loss or damage or cost the above entity may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf.
6. In the event that said minor requires medical or surgical treatment while under the supervision of said entity personnel in connection with the described activity, such supervisor may authorize treatment; we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment

Please list any pertinent medical problems, such as allergies, asthma, serious allergic reactions, etc.

I agree to accept and abide by the rules and regulations of City of Woodland.



Applicant's Signature (or Applicant's Guardian, if under 18)

Date

*****TABLE REQUEST*****

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|-----|------|
| 1.) | 6.) |
| 2.) | 7.) |
| 3.) | 8.) |
| 4.) | 9.) |
| 5.) | 10.) |