

Winter 2019 Project ABLE Registration Form

Participant Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Guardian Name: _____ Phone: _____
 Group Home (If Applicable): _____ Phone: _____
 Group Home Lead Name: _____ Phone: _____

Class/Event	Participant	Staff
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<u>Bowling League</u> (circle preference)		
Monday or Thursday	Winter Jan 7 - March 7	____\$80
Monday or Thursday	Spring March 18 - May 9	____\$80
<u>Pizza Bingo</u>		
	January 4	____\$12 ____\$6
	January 18	____\$12 ____\$6
	February 1	____\$12 ____\$6
	February 22	____\$12 ____\$6
	March 8	____\$12 ____\$6
	March 29	____\$12 ____\$6
	April 12	____\$12 ____\$6
	April 26	____\$12 ____\$6
	May 10	____\$12 ____\$6
	May 24	____\$12 ____\$6
<u>Mystery Dining</u> Please indicate how many staff will be attending for reservation.		
		*Staff must pay venue
	January 22	____\$18 ____*
	February 26	____\$18 ____*
	March 6	____\$18 ____*
	April 9	____\$18 ____*
	May 2	____\$18 ____*
<u>Food Finds</u>		
Banana Bread	January 10	____\$12 ____\$6
Pancake Stack	February 12	____\$12 ____\$6
Shamrock Shake	March 11	____\$12 ____\$6
PB&J Cookies	April 16	____\$12 ____\$6
Personal Pan Pizza	May 7	____\$12 ____\$6
<u>Arts & Crafts</u>		
Light Up Globe	January 16	____\$12
Clothespin Wrap Dolls	February 12	____\$12
Rainbow Rainstick	March 27	____\$12
Hot Air Balloons	April 24	____\$12
DIY Wind Chime	May 15	____\$12
<u>SPECIAL EVENTS</u>		
Valentine's Day Dance	February 8	____\$14 ____\$14
Wizard of Oz	February 23	____\$10 ____\$10
The Addams Family	April 11	____\$7 ____\$7
Prairie Fire Theater Outing	April 13	____\$5 ____\$5
Totals		\$_____ \$_____

Medical Conditions or Needs

Please Check all that apply:

- Food Allergies _____
 ASL interpreter
 Wheelchair
 Bumpers for Bowling

Photo Release Permission: Yes No

To Register:

Mail form or drop off:
Faribault Education Center
 340 9th AVE SW
 Faribault, MN 55021

Or Call Val:
 507-333-6472

Payment Information

Participant total: \$ _____

Cash/Check Number: _____

Staff Total: \$ _____

Cash/Check Number: _____

OR

Credit Card Information:

Name: _____

Card Number: _____

Exp. Date _____ Security Code _____

PA Received _____ PA Staff Initials _____