

Fall 2018 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>		
Monday Nights	Sept. 17—Nov. 5	___\$80
Thursday Nights	Sept. 20—Nov. 8	___\$80
<u>Pizza Bingo</u>		
		No charge for staff not eating.
	September 7	___\$12 ___\$6 (not eating)
	September 21	___\$12 ___\$6 (not eating)
	October 5	___\$12 ___\$6 (not eating)
	October 12	___\$12 ___\$6 (not eating)
	November 2	___\$12 ___\$6 (not eating)
	November 16	___\$12 ___\$6 (not eating)
	December 14	___\$12 ___\$6 (not eating)
<u>Mystery Dining</u>		
	Please indicate how many staff will be attending for reservation.	
		*Staff must pay venue
	September 26	___\$18 ___*
	October 30	___\$18 ___*
	November 19	___\$18 ___*
	December 17	___\$18 ___*
<u>Food Finds</u>		
Apple Pie Bites	September 10	___\$12 ___\$6
Spooky Cupcakes	October 2	___\$12 ___\$6
Pumpkin Pie Twists	November 6	___\$12 ___\$6
Christmas Eve Mice	December 4	___\$12 ___\$6
<u>Arts & Crafts</u>		
DIY Abstract Art	September 5	___\$12
Candy Corn Scarecrow	October 17	___\$12
Hanging Sunflower Pendant	November 14	___\$12
Bulb Wreath	December 13	___\$12
<u>SPECIAL EVENTS</u>		
Faribault Falcon Football	September 10	___Free ___Free
Elvis Rock n Remember	September 14	___\$24 ___\$24
National Alpaca Farm Day	September 30	___Free ___Free
Faribault Falcon Volleyball	October 4	___Free ___Free
Fall Dance	October 26	___\$14 ___\$14
Magic Show	November 10	___\$7 ___\$7
Sleeping Beauty Theater	November 17	___\$5 ___\$5
Disney on Ice	December 9	___\$25 ___\$25

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 _____