

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>		
Monday Nights Jan 7 - May 20	____\$80	
Thursday Nights Jan 10 - May 23	____\$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 _____