

**Teen Dance**  
**Ages 13 thru 19**  
**Friday June 10th**  
**6:00 pm – 8:00 pm**

**American Legion**  
**199 Federal Furnace Rd**  
**Plymouth , Ma 02360**



Please Contact:  
Cari Robbins  
508-732-9292 ext. 124  
[carir@thearcofgp.org](mailto:carir@thearcofgp.org)



Developing Partnerships, Empowering Communities

52 Armstrong Road  
Plymouth, MA 02360

# TEEN DANCE

**Come join us for a fun night listening to music and dancing while we enjoy snacks and beverages.**

**There will be music provided by DJ Dave Long!**

**This dance is sponsored by  
Plymouth Elks Lodge 1476 through the  
Beacon Grant and Elks National Foundation.**



**Please RSVP by June 8th , 2016**

Location: American Legion

199 Federal Furnace Rd

Plymouth, Ma

Time: 6pm—8pm

**Date : Friday June 10sd, 2016**

**Please Cut & Send Registration and Fee to:**

**The Arc of Greater Plymouth**

52 Armstrong Road  
Plymouth, MA 02360  
Attn: Teen dance

Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone/  
Cell \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Food Allergies \_\_\_\_\_

Photo Release

I, the undersigned, give the Arc of Greater Plymouth organizers my permission to use a photograph of me/my ward's likeness in television, radio, film, newspaper, magazines and any other media in connection with the Respite/ Family Support Program

This release will expire in one year.

Signature

Date

**Liability Waiver**

I agree to assume all responsibility for all risk, damage or injury that may occur to me as a participant in this activity/ event. In consideration for being accepted as a participant, I hereby for myself, my heirs, executors and administrators, release and discharge The Arc of Greater Plymouth, the sponsors associated with this event, the staff, and volunteers from all claims, damages, rights of action, present and future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to, my participation in this event. I grant permission to be medically treated and receive emergency services at a local hospital. I also grant permission for the use of my name, picture, and or videotape in any broadcast, photograph or other account of this event.

\_\_\_\_\_  
Signature of Parent or Guardian