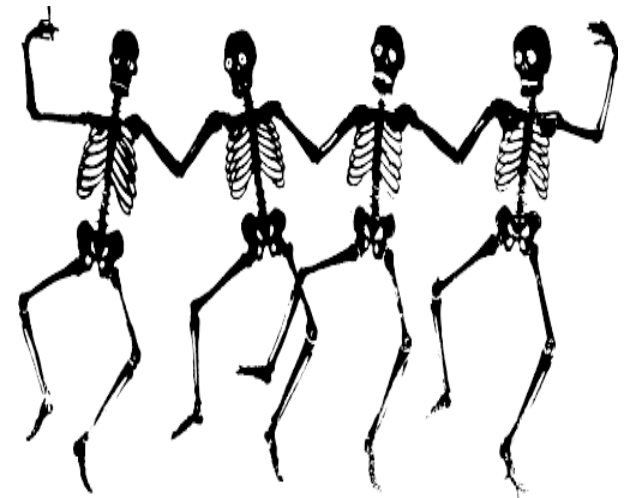


TEEN GAME NIGHT/ HALLOWEEN DANCE AND PIZZA PARTY

Ages 13 thru 19

Friday, October 23, 2015

6-8pm



Please Contact:
Jennifer Lambert
508-732-9292 ext. 134
jenniferl@thearcofgp.org

The Arc.
Greater Plymouth

Developing Partnerships, Enriching Communities

52 Armstrong Road
Plymouth, MA 02360

TEEN DANCE & GAME NIGHT

Come join us for a fun night of playing BINGO, listening to music and dancing while we enjoy pizza, popcorn and beverages.

Dave Long, Festive Events DJ, Arc staff, and teen volunteers will be hosting Halloween Candy Bar Bingo. For the first part of the night we will play bingo and give out candy bar prizes and the second half we will enjoy pizza and popcorn while we dance the night away.

Please wear your Halloween costumes!!!!!!



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The cost of the game night/dance will be \$6.00

There will be no walk in admission.

Please RSVP by October 19, 2014

Location: Pembroke Community Middle School
559 School St , Pembroke, MA

Time: 6pm—8pm

Date : Friday October 23, 2015

Please Cut & Send Registration and Fee to:

The Arc of Greater Plymouth

52 Armstrong Road

Plymouth, MA 02360

Attn: Teen dance/game night

Registration Fee: \$6.00

Participant: _____ Age: _____

Parent/Guardian: _____

Phone/
Cell _____

Email: _____

Address: _____

Gluten Free _____ Food Allergies _____

Enclosed \$6.00 _____

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