

# Fayette County Line Dancing

Dancing builds and promotes cardiovascular health through physical workouts of varying intensity. Line dancing provides a foundation for dance experience that will enable you to have balance, rhythm, timing, and better posture. Only dance participants allowed in class.

**Day:** Mondays

**Dates:** Session I: September 8, 15, 29, October 6

Session II: October 13 - November 3

Session III: November 10 - December 1

Session IV: December 8 - December 22

**Time:** 6:30 p.m.- 7:30 p.m. Beginners

7:45 p.m. - 8:45 p.m. Intermediate

**Fee:** \$25 per session for I, II, III

\$21 per session for IV

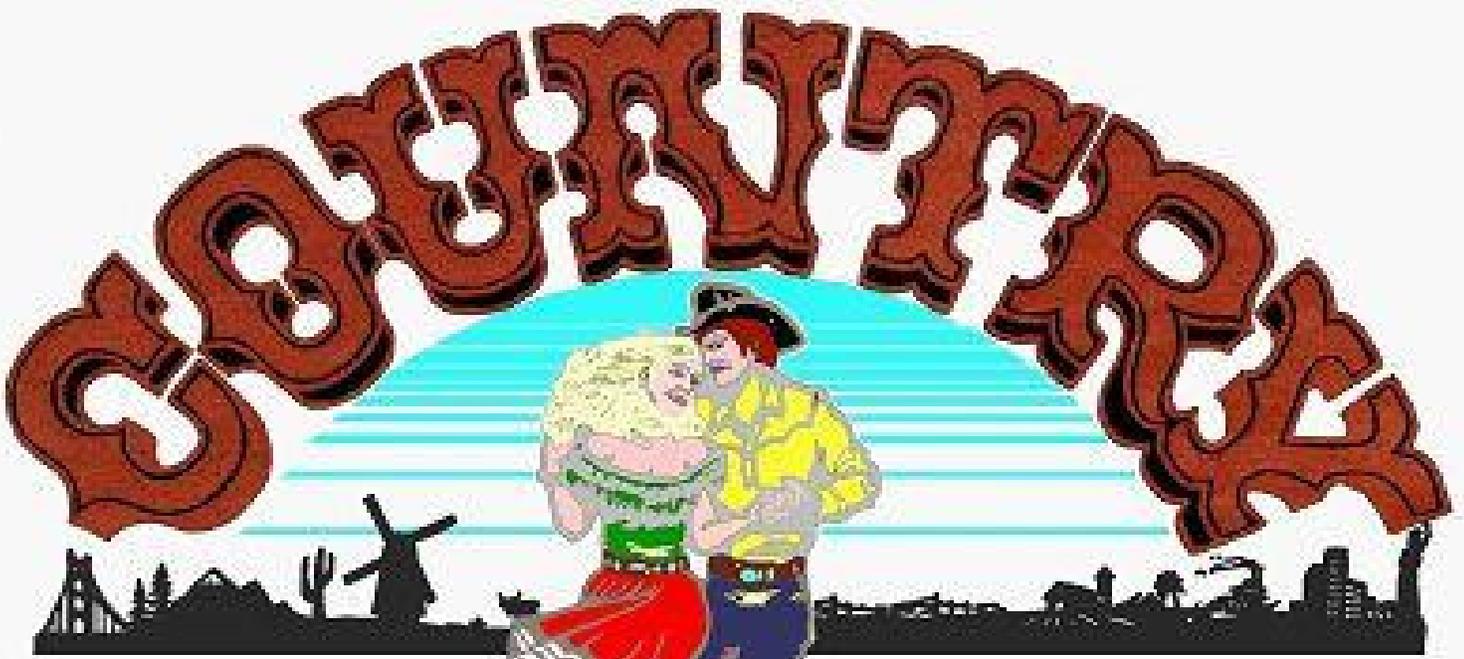
**Age:** Adult

**Location:** Kiwanis Center

\* No class September 22, October 25

Registration required two days prior to the beginning of each class!

For more information call 770.716.4320 or 770.487.3730



# **Fayette County Open Dance Night**

**THIS OPEN DANCE NIGHT OFFERED THE 2ND FRIDAY OF EACH MONTH WILL OFFER THE COMMUNITY AN OPPORTUNITY TO SOCIALIZE AND MEET OTHERS WHILE PRACTICING THEIR DANCING SKILLS.**

**September 12**

**October 17**

**November 14**

**December 12**

**8:00 P.M. - 11:00 P.M**

**\$5 PER PERSON**

**PARTICIPANTS SHOULD BRING A COVERED DISH AND TWO-LITER DRINK TO SHARE.**

# REGISTRATION FORM

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please circle the appropriate area listed below from which you live:**

- Fayetteville
Unincorporated Fayette County
Town of Brooks
PTC
- Town of Tyrone
Woolsey
Another County (**ADD** 50% Surcharge to printed fee)

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of Fayette County Parks and Recreation Department to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name / child's name in any part of those publications listed above. I have read this document and am fully aware of the content and limitations, legal and otherwise.

Do you need a modification due to a disability to enjoy this program?    Circle one:    Yes    or    No

Print and sign your name clearly \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Participant Name	Age	Activity	Date	Time	Fee
1.					
2.					
3.					
4.					
5.					

For or office use only: INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CASH/CHECK \_\_\_\_\_

The participant of the above program has received the following: \_\_\_\_\_  
 Please identify what was distributed at registration. (instructions, camp supplies, handout)

Designate t-shirt size if required: \_\_\_\_\_

**2008 REGISTRATION FORM  
(FOR RETURNING PARTICIPANTS ONLY)**

NAME \_\_\_\_\_ CLASS/ACTIVITY \_\_\_\_\_ SESSION # \_\_\_\_\_

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Please print your name clearly \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

PROCESSED BY: _____ Date: _____ Amount Paid _____ Cash/Check # _____
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(FOR RETURNING PARTICIPANTS ONLY)**

NAME \_\_\_\_\_ CLASS/ACTIVITY \_\_\_\_\_ SESSION # \_\_\_\_\_

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Please print your name clearly \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

PROCESSED BY: _____ Date: _____ Amount Paid _____ Cash/Check # _____
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