

# Senior Halloween Dinner & Dance

Tuesday, October 29

Rock Garden Banquet Hall

5:15 Check-in

6:00 Dinner

Dancing to follow until 9:00

\$17 per person ages 55+

Pre-registration by October 21.

No residency restrictions.

Come celebrate the fall season, including the Halloween holiday with a social function just for older adults! Whether you choose to dance the night away, listen to the wonderful music of TJ and Lynn, or socialize with friends and other members of the community, you're sure to have a great time.

Everyone registered will receive 5 FREE raffle tickets (extra tickets will be available for purchase) for entry to win great prize baskets!

Enjoy a family style dinner with all the fixings and note that Halloween costumes are welcome, but not required.



Thank you to our sponsor  
Blaney Funeral Home

*\*Cooperatively hosted by the Recreation Departments Allouez, Howard, and Suamico.*

**To Get Started, Please Set Up a Family/User Account:**

Information

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Primary Email Address \_\_\_\_\_  
 Howard Resident? Yes No, I am a Resident of: Howard Suamico De Pere Bellevue Ashwaubenon Allouez  
Green Bay Oneida Pulaski Hobart Other \_\_\_\_\_  
 Family Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**PROGRAM REGISTRATION INFORMATION**

Household Members	Gender	Birthdate	Program Name if Registering for a Class Today	Course #	Fee
<b>Total Program Fees</b>					

I understand participation in Leisure Services programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss. I agree to assume these risks for my family and release the Villages of Allouez, Howard, and Suamico, its employees and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation. For program promotion purposes, photographs may be taken of participants from time to time and used in Village recreation publications. If you do not wish to have photographs taken, please notify the photographer and/or program instructor. I am providing personal information solely for the purpose of participating in Allouez Recreation Programs, Howard Leisure Services Programs or Suamico Parks & Recreation Programs, and would not provide this information otherwise, and do not wish this information to be shared with parties outside of the Allouez Recreation Department, Howard Leisure Services Department or Suamico Recreation Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Village of Howard, 2456 Glendale Avenue, Green Bay, WI 54313**