

Family BINGO

**Sat. Feb. 8, 2020
(4:00-5:30pm)
Paul Klocke Dance Studio**

**Afternoon of:
Bingo & Prizes!**

**Special Themed Bingo
& Activities for
Young Children!**

Snacks for Sale!

Proceeds will assist in the cost of meal preparation for families staying at the Ronald McDonald House.



| | | | | |
|-----------|-----------|---------------------------|-----------|-----------|
| B | I | N | G | O |
| 7 | 25 | 44 | 57 | 62 |
| 15 | 22 | 40 | 50 | 70 |
| 11 | 30 | <small>FREE SPACE</small> | 46 | 74 |
| 2 | 28 | 37 | 55 | 68 |
| 10 | 27 | 39 | 59 | 75 |

**Friends Invited!
Free! All Ages!**

~ **Limited Seating** ~
~ **Ticket Required** ~

**Please Contact us by
Sat. Feb. 1 to Reserve
Your Tickets.**

**Parent or Guardian must
accompany children.**

Family Bingo Day

Fill out and bring to the studio by 02/1/2020 to reserve your Tickets.

- Name: _____
- Address: _____
- City/State/Zip: _____
- Phone: _____
- Email: _____
- Child's Name: _____ Age _____
- Child's Name: _____ Age _____
- Child's Name: _____ Age _____
- Child's Name: _____ Age _____

Total Number of Tickets Needed: (free) _____ (Quantity)

Parent or Guardian

All Children must be accompanied by a Parent or a Guardian.

Photo Release

I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and promotional materials.

Medical Release

I the Parent/Guardian of the student registrant agree that the registrant and I consent to the registrant's participation in the PKSD physical programs and activities ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

Parent Signature _____ **Date** _____

Free admittance to all; however, ticket is required.

Please contact us if you do not receive a confirmation within 48 hours.

Paul Klocke Studio of Dance, 300 Turner Industrial Way, Aston PA 19014
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Call (610) 494-4610 to RSVP