



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FATHER DAUGHTER DANCE

At YMCA Camp Y-Koda

AGES 4-12

Dad, bust out the tie and bring your princess(es) out for this year's Father Daughter Dance. Enjoy crafts, pictures, DJ, snacks and a table of desserts and kid-friendly light refreshments provided by Carbliss. Put on your dancing shoes and create memories that'll last a lifetime.

- Please Note: This is not a dinner dance.
- Though this event is advertised as a Father/Daughter Dance - ALL Family members are more than welcome to attend (Mothers/sons/grandparents/aunts/uncles/etc.)
- **Questions? Contact:**
Dani at droscovius@sheboygancountyyymca.org or Nick at nbielski@sheboygancountyyymca.org.

COSTS

\$40 per Pair (1 Child & 1 Adult)
\$5 for each Additional Daughter
\$10 per each Additional Adult



SATURDAY
FEBRUARY 10, 2024

5:45pm - Doors Open

6:00pm - Dancing Begins!

8:00pm - Departure

This is non a school-sponsored activity and the Sheboygan Area School District does not approve, support, or endorse this program/activity.

YMCA Camp Y-Koda, W3340 Sunset Road, Sheboygan Falls, WI 53085
P: (920) 467-6882 • sheboygancountyyymca.org/camp-y-koda

YMCA CAMP Y-KODA

2024 FATHER-DAUGHTER DANCE REGISTRATION FORM

Please return & register at YMCA Camp Y-Koda, Sheboygan YMCA or Sheboygan Falls YMCA

COSTS: 24W1-4CFATHERDAUGHT...

- \$40 PER PAIR: 1 Adult & 1 Child
- \$5 PER ADDITIONAL DAUGHTER X _____: Child, Age 4-12
- \$10 PER ADDITIONAL ADULT/PERSON: Age 13 & Older

HAVE A FAVORITE TUNE?

Request a song!

By: _____

DAUGHTER #1 INFORMATION:

NAME OF CHILD: _____ BIRTHDATE: _____ M F
Allergies/Health History/Dietary Restrictions: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

FATHER (OR ADULT AGE 18 & OLDER) INFORMATION:

NAME OF ADULT (Primary Contact): _____ BIRTHDATE: _____ M F
Allergies/Health History/Dietary Restrictions: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

REQUIRED EMAIL: _____
REQUIRED PHONE NUMBER: _____

ADDITIONAL DAUGHTERS/ADULTS (IF APPLICABLE):

NAME OF CHILD/ADULT: _____ BIRTHDATE: _____ M F
Allergies/Health History/Dietary Restrictions: _____

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Allergies/Health History/Dietary Restrictions: _____

NAME OF CHILD/ADULT: _____ BIRTHDATE: _____ M F
Allergies/Health History/Dietary Restrictions: _____

HOLD HARMLESS AGREEMENT

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

Parent/Guardian Signature: _____ Date: _____

PAYMENT:

All payment is required in order to reserve your spot for this event and/or program.

- Pay by cash or check, I will mail my payment to Camp Y-Koda or will stop in to pay in-person.
- Credit Card: # _____ EXP: _____ CVC: _____

- Click on button to email form. Please note this feature will not work if form is opening in Google Chrome Safari.
- You can also save the form as your child's name and email it to tcarrroll@sheboygancountyyymca.org



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YMCA STAFF ONLY

Receipt #: _____

Amount Paid: _____ Rec'd By: _____

Date: _____

RETURN TO YMCA CAMP Y-KODA