**PRESCHOOL DANCE PARTIES**  
**Ages 3 - 6**  
These theme-based parties include dancing, games, crafts, snacks, stories, videos, prizes and fun. Fee is non-refundable unless the YMCA cancels the party. Parties are in the Dance Room at the Sheboygan YMCA and the Multi-Purpose Room at the Sheboygan Falls YMCA. There is a limit of 9 participants per party.

**SHEBOYGAN YMCA**  
**Tuesday.........1:00 - 3:00pm**  
- Little Mermaid June 13  
- Tangled June 27  
- Moana July 11  
- Frozen July 25  
- Disney Princess August 8  
- Glow in the Dark August 22

**SHEBOYGAN YMCA**  
**Wednesday...9:30 - 11:30am**  
- Angelina Ballerina June 14  
- Disney Princess June 21  
- Frozen June 28  
- Little Mermaid July 12  
- Tangled July 19  
- Barbie July 26  
- Glow in the Dark August 2  
- Frozen August 9  
- Moana August 16  
- Tangled August 23

**SHEBOYGAN FALLS YMCA**  
**Wednesday.....1:30 - 3:30pm**  
- Angelina Ballerina June 14  
- Disney Princess June 21  
- Frozen June 28  
- Little Mermaid July 12  
- Tangled July 19  
- Barbie July 26  
- Little Mermaid August 2  
- Frozen August 9  
- Moana August 16  
- Tangled August 23

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**SHEBOYGAN COUNTY YMCA 2017 SUMMER DANCE PARTIES**  
Please return to the YMCA at 812 Broughton Dr, Sheboygan, WI 53081 or 305 Buffalo St, Sheboygan Falls, WI 53085

Child’s Name __________________________________________ Grade _______ Birth Date _________________ □ M □ F  
Address ____________________________________________________ City ____________________________  
State ______  Zip Code ______________ Phone 1 ________________________ Phone 2____________________________  
Email ________________________________________________ School __________________________________________

**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 my child to participate and be photographed in YMCA activities.

Parent Signature ___________________________________________ Date ____________________________

**Sheboygan YMCA Parties**  
- Little Mermaid.............. 6/13  
- Tangled ....................... 6/27  
- Moana ......................... 7/11  
- Frozen ........................ 7/25  
- Disney Princess ............. 8/8  
- Glow in the Dark ............ 8/22  

**Fee per Party**  
- 17SU-1DPARTY...  
  - $7.00 Family YMCA Member  
  - $8.00 Youth YMCA Member  
  - $12.00 Participant

**Sheboygan YMCA Parties**  
- Angelina Ballerina ........... 6/14  
- Disney Princess .............. 6/21  
- Frozen ........................ 6/28  
- Little Mermaid ............... 7/12  
- Tangled ........................ 7/19  
- Barbie .......................... 7/26  
- Glow in the Dark ............. 8/2  
- Frozen .......................... 8/9  
- Moana ........................... 8/16  
- Tangled ........................ 8/23

**Fee per Party**  
- 17SU-1DPARTY...  
  - $7.00 Family YMCA Member  
  - $8.00 Youth YMCA Member  
  - $12.00 Participant

**Sheboygan Falls YMCA Parties**  
- Angelina Ballerina ........... 6/14  
- Disney Princess .............. 6/21  
- Frozen ........................ 6/28  
- Little Mermaid ............... 7/12  
- Tangled ........................ 7/19  
- Barbie .......................... 7/26  
- Little Mermaid ............... 8/2  
- Frozen .......................... 8/9  
- Moana ........................... 8/16  
- Tangled ........................ 8/23

**Fee per Party**  
- 17SU-2DPARTY...  
  - $7.00 Family YMCA Member  
  - $8.00 Youth YMCA Member  
  - $12.00 Participant

Receipt # _________________________ Amount Paid _______________ Rec’d By ________________ Date ______________