

PROJECT ABLE REGISTRATION FORM

Winter/Spring 2023

Name: _____

Address: _____ Phone Number: _____

Guardian Name: _____

Group Home (if applicable): _____

WINTER - Monday Night Bowling League 4:00-5:30 pm		
Dates	Paid	Participant
Monday Nights Jan. 2nd - Feb. 27th (No bowling Feb. 6th)	<input type="checkbox"/>	\$80 per session
Drop In Rate	<input type="checkbox"/>	\$10 per night

WINTER - Thursday Night Bowling League 4:00-5:30 pm		
Dates	Paid	Participant
Thursday Nights Jan. 5th - March 2nd (No bowling Feb. 9th)	<input type="checkbox"/>	\$80 per session
Drop In Rate	<input type="checkbox"/>	\$10 per night

SPRING - Monday Night Bowling League 4:00-5:30 pm		
Dates	Paid	Participant
Monday Nights March 6th - May 8th (No Bowling March 27th or April 10th)	<input type="checkbox"/>	\$80 per session
Drop In Rate	<input type="checkbox"/>	\$10 per night

SPRING - Thursday Night Bowling League 4:00-5:30 pm		
Dates	Paid	Participant
Thursday Nights March 16 - May 11th (No Bowling March 9th or March 30th)	<input type="checkbox"/>	\$80 per session
Drop In Rate	<input type="checkbox"/>	\$10 per night

Night Out of Eating 5:00 - 6:30 pm			
Dates	Paid	Participant	Staff
January 24	<input type="checkbox"/>	\$18.25	<input type="checkbox"/> *Pay venue
February 28	<input type="checkbox"/>	\$18.25	<input type="checkbox"/> *Pay venue
March 7	<input type="checkbox"/>	\$18.25	<input type="checkbox"/> *Pay venue
April 18	<input type="checkbox"/>	\$18.25	<input type="checkbox"/> *Pay venue
May 23	<input type="checkbox"/>	\$18.25	<input type="checkbox"/> *Pay venue

Pizza Bingo New Time! 5-6:30 pm				
Dates	Paid	Participant	Paid	Staff
January 6	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
January 13	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
February 3	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
February 10	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
March 3	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
March 24	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
April 14	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
April 21	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
May 12	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6
May 19	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$6

Special Events				
Dates	Paid	Participant	Paid	Staff
Feb. 24th - Valentine's Dance	<input type="checkbox"/>	\$12.25	<input type="checkbox"/>	\$14
April 8th - Mill City Museum	<input type="checkbox"/>	\$32.00	<input type="checkbox"/>	\$32
May 11th - Bowling Banquet	<input type="checkbox"/>	\$14.00	<input type="checkbox"/>	\$12.25
May 20th - Paradise Arts	<input type="checkbox"/>	\$32.00	<input type="checkbox"/>	\$32

Arts & Crafts 4:30 - 6:00 pm		
Dates	Paid	Participant
January 18 - Scarves	<input type="checkbox"/>	\$12.25
February 15 - Tie Blankets	<input type="checkbox"/>	\$25.00
March 22 - Clay Art	<input type="checkbox"/>	\$12.25
April 5 - Baby Chick pom-pom	<input type="checkbox"/>	\$12.25
May 10 - Upper East Side Art Studio	<input type="checkbox"/>	\$25/per painter

Food Finds 4:30 - 6:00 pm			
Dates	Paid	Participant	Staff
January 10 - Chili Cook Off	<input type="checkbox"/>	FREE	Free
February 21 - Wild Rice Soup	<input type="checkbox"/>	\$12.25	Free
March 14 - Brinner	<input type="checkbox"/>	\$12.25	Free
April 11 - Mini Pot Pies	<input type="checkbox"/>	\$12.25	Free
May 16 - Tacos	<input type="checkbox"/>	\$12.25	Free

Medical Conditions or Needs
Food Allergies: Y / N List: _____
ASL Interpreter Needed: Y / N
Bumpers for Bowling: Y / N
Wheelchair: Y / N

Three Ways to Register
1.) Drop off or send completed form to: Faribault Education Center, 340 9th AVE SW, Faribault, MN 55021 Attn: Project ABLE
2.) Call us at 507-333-6472 for us to register for you
3.) Register and pay online: faribault.ce.eleyo.com

Scholarship Information
Please call 507-201-5134 to apply for scholarship fund.

Payment Information	
Participant Total: \$ _____	Check # _____
Staff Total: \$ _____	Check # _____

Refund Policy
To receive a full refund, you must call 507-201-5134 at least 12 hours in advance.

Credit Card Info:
Name: _____
Card Number: _____
Exp. Date: _____ Sec. Code: _____
PA Received Date: _____ PA Initials: _____

Thank you for participating with Project ABLE!