

*Ballet Workshop's*  
*Parents Night Out*

*Who: kids Ages 3-9 year olds*

*What: A fun filled night of movies, games including pizza and snacks*

*When: Friday, July 28th from 5:00-8:00 pm*

*Where: Centre of Performing Arts*

*Cost: \$20.00 per child*

*Please give registration and money to COPA office by July 26th. Make checks out to CoPA Ballet Workshop.*

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*Ballet Workshop Parents Night Out*

*Name: \_\_\_\_\_ Age: \_\_\_\_\_*

*Parent's Name: \_\_\_\_\_*

*Phone: \_\_\_\_\_*

*Email: \_\_\_\_\_*

*Food Allergies: \_\_\_\_\_*

*I, \_\_\_\_\_, give permission for my daughter to participate in COPA's Ballet Workshop Parents Night Out. I understand that COPA, the dance instructors and the dancers are not responsible for any liability in the event of an incident or accident.*

*Parent Signature: \_\_\_\_\_*

*\*minimum of 5 participants required or refund given.*

