



Parks and Recreation Department
1100 Chatham Av Norwalk, IA 50211 515.981.9206



Line Dancing

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, or by mail)

Let's Line Dance!!

Get up and dust off those dancing shoes! Line dances are choreographed dances with a repeating series of steps that are performed in unison by a group of people in lines or rows. Exciting line dances such as the Cupid shuffle, Electric Slide, and others will be taught. It is a great way to exercise without even noticing and it is lots of fun! No partner or experience needed.

Dates

Registration Dates: Sept 9 to Sept 20

Program Dates: Sept 26; Oct 3, 10, 17, 24, 31

Program Days: Thursday

Program Times: 8:15p to 9:15pm

Information

Cost: \$40.00/residents - \$46.00/non-residents

Location: St John's Catholic Church

Instructor: Ken McCauley

Min/Max: 10/25



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name:	First <input type="text"/>	MI <input type="text"/>	Last <input type="text"/>
<input type="text"/>			
Address:	<input type="text"/>		
City,State,Zip:	<input type="text"/>	IA <input type="text"/>	<input type="text"/>
Daytime Phone #:	<input type="text"/>	Type:	<input type="text"/>
Evening Phone #:	<input type="text"/>	Type:	<input type="text"/>
Cell Phone #:	<input type="text"/>	Preference:	<input type="text"/>
Email Address	<input type="text"/>		

Contact Information:

Contact	<input type="text"/>		
Phone	Daytime <input type="text"/>	Evening <input type="text"/>	Cell <input type="text"/>

Activity Information:

Program	<input type="text" value="Line Dancing"/>	Registration Fee	<input type="text" value="\$40 - \$46"/>	Late Fee	<input type="text"/>
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Financial Assistance Donation:

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.

Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You

(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

FOR OFFICE USE ONLY:

PAID _____	CK# _____	CASH _____	By: _____
Credit Card _____	Number _____		Expires _____