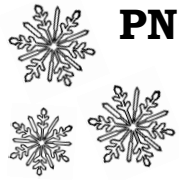



Calling all Fun-Loving Kids...


 3800 E. River Road, Tucson, AZ 85718
 (520) 299-3000 • www.tucsonjcc.org
TUCSON JEWISH COMMUNITY CENTER




PNOP – Winter Wonderland

Saturday, Dec. 10, 2011
6:00 p.m. – 10 p.m.
Ages 5 - 12

You're Invited...

Come celebrate the warmth of the season at our next PNOP (Parent's Night Off Party). While your parents enjoy a night off, join us for an evening filled with Winter Wonderland adventures at the JCC. The night will include a snowflake art, a yummy cooking project, winter relays, and more!

Space is limited so sign up soon!

PNOP Schedule of Events

6:00 – 6:45	Winter Festivities -Bounce House Inflatables -Ice Relays -Snowflake Creations
6:45 – 7:15	Dinner (pizza, dessert, and a beverage)
7:15 – 8:00	Winter Wonderland Creativity: - Mitten Mayhem - Chilly Treats *At this time children ages 8 and up can go on a fun field trip!
8:00 – 10:00	Relax with a movie and hot cocoa!



We can't wait to see you there!



Please Note: We request a 24 hour advance reservation
Event Coordinator, Megan Andersen
 For more info: Contact Rachel at 299-3000 x 256 or email: rzuckerman@tucsonjcc.org
Count on Children and Youth programs at the JCC for the highest quality in staffing, safety and fun!

PNOP: Winter Wonderland – Dec. 10, 2011

Child Name: _____ Grade: _____ Membership # _____
 Sibling Name(s): _____ Grade: _____ Membership # _____
 Address _____ City/State _____
 Parent(s) Name: _____ Phone _____ / _____
 Emergency Contact: _____ Phone _____ / _____

Cost: \$20 JCC member (with Reservation - 24 hr min., \$25 without reservation)
\$30 Non JCC member (with Reservation - 24 hr min., \$35 without reservation)
 Bring Siblings for just Member/\$15, Non-Member/\$20

Payment by: check # Visa MC Discover # _____ Exp _____ **Total:** _____

In the event that my child needs medical treatment due to an accident, injury or natural causes, while registered for JCC programs, I authorize JCC personnel to take whatever action necessary to care for my children. I hereby give permission for JCC personnel to use their judgment in arranging for my child emergency medical treatment in addition to contacting me to the best of their ability. I certify that my child is fully covered by medical insurance and that I am fully responsible for all cost incurred do to medical or dental treatment as deemed necessary by JCC personnel. My child has permission to participate in JCC program field trips.

Parent/Guardian Signature: _____ Date: _____