



September 24, 2021

Virtue of the Week— OBEDIENCE



This week our strength building on the virtue of Faith is **OBEDIENCE**. The strength to comply with and respect the authority of those in positions of leadership who have the right to command. **OBEDIENCE** is necessary for success in this life and most importantly for Eternal Life. We need to have **OBEDIENCE** in the living of our Catholic Faith.

The Catechism of the Catholic Church addresses the virtue of **obedience**, even calling it, as we did above, a duty. "The duty of **obedience** requires all to give due honor to authority and to treat those who are charged to exercise it with respect, and, insofar as it is deserved, with gratitude and good-will." (CCC # 1900)

PRAYER

Jesus, Almighty King of kings, You Who **obeyed** Your Father to the end, Teach me the meaning of **obedience**. My soul burns to comply with Your Will, Bless me with the strength to **obey**, Especially when I don't feel like it. I always seek favor in Your eyes, To always **obey** You until my last breath!

Important Upcoming Dates

- Mon, Sept. 27:** **Girls Basketball** @ Cornerstone 6:00pm
- Wed, Sept. 29:** **Girls Basketball** @ Blessed Sacrament (5th & 6th Grade) 5:30pm
- Thurs, Sept. 30:** **Cross Country**—Limestone Meet @ Alpha Park 4:00pm

St. Patrick School
100 Harvey Street
Washington, IL 61571
309-444-4345
<https://school.stpatswashington.com>
Facebook: St. Patrick Catholic Parish, Washington, IL



Sister Gemma's 1st Grade Religion Class and their Saints



THE MISSION OF ST. PATRICK SCHOOL is to foster the spiritual growth and academic life of its students, faculty, and staff, and to teach children, with the cooperation of parents, a Catholic way of life.

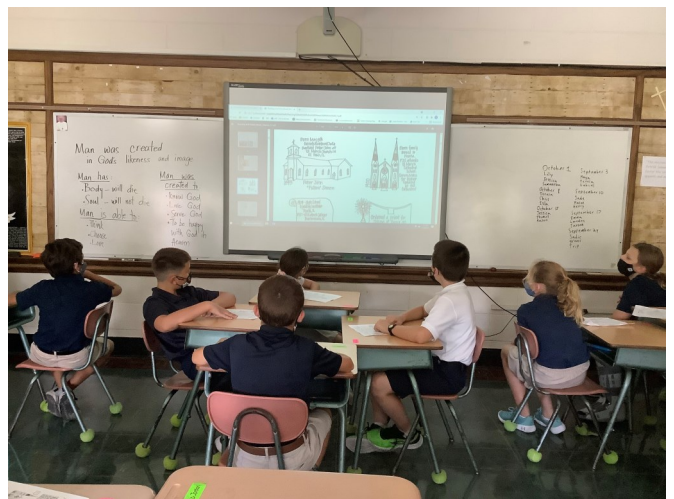
Sister Gemma showed the 1st Graders a video on the life of Venerable Fulton J. Sheen.



Sister Magdalena and the Fourth Graders talked about the Life of Venerable Fulton J. Sheen presented on slides and made a booklet for future use.



The fifth grade were introduced to genetic traits while reading Wonder. The students created their unique bugs according to the genetic traits they received.



“Pray, Hope, and DONUT Worry!”

Thursday is the Feast Day of St. Padre Pio. The St. Pat’s Parent Ministry sponsored these donuts for the students and staff as a reminder that God is merciful and trustworthy.



**“Reverence, Respect, Responsibility...
Excellence in Academics and Faith Formation”**

Abide in Me

Day Encounter



SATURDAY, NOVEMBER 6, 2021 10 AM-8 PM
ST. MONICA CATHOLIC CHURCH EAST PEORIA, IL

Contact:

A.I.M.YOUTHRETREAT@GMAIL.COM

Registration Due:

OCTOBER 25, 2021



High School Youth Retreat

- DYNAMIC SPEAKERS, EUCHARISTIC ADORATION, FUN & FELLOWSHIP WITH TEENS FROM ACROSS THE DIOCESE OF PEORIA
- COST: \$15 PER STUDENT, SCHOLARSHIPS AVAILABLE
- LUNCH AND DINNER PROVIDED
- FORMS AVAILABLE AT CDOP.ORG

To: All Pastors/Directors of Religious Education/Youth Ministers/
High School Chaplains

From: Father Eric Bolek

Date: September 17, 2021

RE: Abide In Me Youth Retreat

As we continue to navigate this pandemic, we know that our youth is in great need of encounter – both an authentic encounter with our Lord and a real in-person encounter with their peers. That is why we are thrilled to bring *Abide in Me* back for a fourth year.

Abide In Me is a Eucharistic centered, Catholic retreat that can set ablaze the hearts of your high school youth! This conference style retreat draws young people into a deep and lasting union with Jesus Christ, especially through sacramental encounter. The greatest mission of the retreat is to give high school youth an encounter with our Eucharistic Lord. The retreat aims to:

1. Promote knowledge and love of Jesus in the Blessed Sacrament - the source and summit of Christian life.
2. Inspire devotion to Mary, the Mother of God.
3. Encourage fidelity to the teachings of the Catholic Church and the Magisterium.
4. Awaken discernment of Holy Vocations as ordained by God and His Holy Church.

With the pandemic in mind, we have altered the retreat to a **one day event** in hopes to return to our full three day retreat in the coming months.

We invite you and the high school parish youth, grades 9-12, to join us for this exciting retreat! *Abide In Me* is a diocese-wide event which will be held at St. Monica Catholic Church, East Peoria IL on November 6th, **10:00am-8:00pm.**

Enclosed is both a promotion packet and registration packet. Registration for this retreat will run September 20th through October 25th.

Please contact Karley Bates at 331-218-0225 or a.i.m.youthretreat@gmail.com if you have any questions. We would greatly appreciate your support in making this retreat a deep and lasting experience for the young people of our diocese.

ABIDE IN ME RETREAT REGISTRATION INSTRUCTIONS

1. Any youth currently in high school is eligible to attend.
2. Every youth participant must have a **completed** registration form (Participant Registration - Form B) with **parent/guardian signature**.
3. All youth must be chaperoned. One chaperone per ten participants is required.
4. All chaperones and youth ministers must comply with the Diocese of Peoria Safe Environment guidelines. Please see <http://cdop.org/safe-environment-program/> for more details. **Safe Environment** training is now available online at <https://Peoria.cmgconnect.org> for all employees, staff, and volunteers working with children.
5. All chaperones and youth ministers must have a **completed registration form** (Youth Minister/Chaperone - Form C) with completed documentation of their Safe Environment compliance.
6. Registration fee for both participant and chaperone/youth minister is \$20.00.
7. Registration should be submitted as a parish/group with **one check payable to the Diocese of Peoria**.
8. All participant registration forms and chaperone/youth minister registration forms should be submitted together with the Parish/Group Registration Header Sheet (Form A). ****Please keep a copy of your group's registration forms for your records.***
9. Submit all registration packets and fees by **October 25th** to:

Karley Bates
Spalding Pastoral Center
419 NE Madison Ave.
Peoria, IL 61613

**Upon reception of registration, Karley will contact you with confirmation, schedule, and further details of what is included and needed for the retreat.*

Contact Karley Bates with any further registration questions:

Phone: 331-218-0225

Email: a.i.m.youthretreat@gmail.com



ABIDE IN ME RETREAT

PARISH/GROUP REGISTRATION HEADER SHEET

*This form is to be completed by the parish/group leader
and submitted with all participant and chaperone registration forms & fees to
Karley Bates

Spalding Pastoral Center
419 NE Madison Ave.
Peoria, IL 61613

CDOP Use Only:

Form Rcvd: _____

Pmt Rcvd: _____

Form of Pmt: _____

Safe Env. _____

**TO BE COMPLETED BY
PARISH/GROUP LEADER**

Parish/Group Name:

Parish/Group Leader's Name:

Parish/Group Leader Phone Number:

() -

Parish/Group Leader Email Address:

Parish/Group Leader Address:

City:

Zip:

of Female Youth Registrations:

of Male Youth Registrations:

of Total Youth
Registrations:

Number of Chaperone Registrations Included:

Total Registration Fee Included (at \$15.00 per registration):

*All youth ministers, chaperones, and volunteers **MUST** be in compliance with the Zero Tolerance Policy issued by the USCCB and have completed the Safe Environment training and background check, including, but not limited to DCSF/CANTS protocol, required by the Diocese of Peoria. Complete the following, listing the verification of each youth minister, group leader, and/or chaperone attending.*

	CHAPERONE NAME	SAFE ENVIRONMENT SESSION DATE	SAFE ENVIRONMENT SESSION LOCATION	DCFS/CANTS DATE	CRIMINAL HISTORY DATE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PARISH/GROUP ROSTER

	Name	Participation	Completed Form is Included
1		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
2		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
3		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
4		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
5		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
6		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
7		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
8		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
9		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
10		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
11		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
12		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
13		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
14		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
15		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
16		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
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26		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
27		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
28		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
29		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	
30		<input type="checkbox"/> Group Leader <input type="checkbox"/> Chaperone <input type="checkbox"/> Participant	

ABIDE IN ME RETREAT

PARTICIPANT REGISTRATION FORM

Event Dates:
November 6, 2021

Event Location:
St. Monica Catholic Church
303 Campanile Dr, East Peoria, IL 61611

Event Fees:
\$15.00

PARTICIPANT	Name:		Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Street Address:		City:	State:	Zip:	
	Phone: () -		Parish/Group:			
	Email Address:		Parish/Group Leader:			
	Allergies (i.e. medicine, food):					
	Medications: <input type="checkbox"/> Participant takes no medication and will bring no medication with him/her. <input type="checkbox"/> Participant takes medication/s and will self-medicate. <i>The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to their chaperone. I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location.</i> Names of medications and exact dosage and frequencies/times are as listed below: 					
List any other special medical needs:						

PARENTS/GUARDIANS	Name(s):			
	Street Address:		City:	State: Zip:
	Home Phone: () -		Cell Phone: () -	
	Email Address:			
	Primary Emergency Contact: Name: _____ Phone: _____			
	Secondary Emergency Contact: Name: _____ Phone: _____			

PARTICIPANT'S NAME: _____**LIABILITY RELEASE - RELEASE OF ALL CLAIMS**

The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless Abide In Me, the Catholic Diocese of Peoria, St. Monica Catholic Church and their staff, employees, agents, and volunteers from and against any and all liability, for injuries, damages, loss to the undersigned, and/or participants (if participant is under 18, 18 or older) or their family, including but not limited to attorney fees, arising from claims of any kind or nature whatsoever for my/my child's participation in this event.

Medical Permission: I grant permission for the administration of First Aid to my child, _____, by the people in charge of the above referenced activity/event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child. The undersigned fully and completely assumes all responsibility for any such medical transportation and/or treatment.

Insurance Information:

Policy Holder (in the name of): _____ Identification Number: _____
 Insurance Company: _____ Policy Number: _____
 Authorized Physician: _____ Phone #: _____
 Authorized Hospital: _____

Code of Behavior:

As a participant he or she is representing our diocese and parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese. Some expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language and behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia is not allowed.
8. If under age 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under age 18, I also understand and agree that my parents or guardian will be notified at the time of the infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant Signature: _____ Parent/Guardian Signature: _____ Date: _____

Audio, Videotaping and Still Photographs: Video, still photographs and audio recordings may be taken during Abide In Me. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including but not limited to, Abide In Me and the Catholic Diocese of Peoria publications, websites, and media.

Parent/Guardian Signature _____ Date: _____

ABIDE IN ME RETREAT

YOUTH MINISTER/CHAPERONE REGISTRATION FORM

Event Dates:
November 6, 2021

Event Location:
St. Monica Catholic Church
303 Campanile Dr, East Peoria, IL 61611

Event Fees:
\$15.00

CHAPERONE/LEADER	Name:		Date of Birth:		<input type="checkbox"/> Male
					<input type="checkbox"/> Female
	Street Address:		City:	State:	Zip:
	Phone: () -		Parish/Group:		
	Email Address:		Parish/Group Leader:		
	Emergency Contact:		Emergency Phone Number:		
	Date and Location of Safe Environment Training:				
	Check one: <input type="checkbox"/> Youth Minister <input type="checkbox"/> Chaperone				
Please list any medical needs (including food allergies):					
Medication(s) presently taking:			Allergies to Medications:		

*All youth ministers, chaperones, and volunteers **MUST** submit a letter or documentation from your parish or diocese stating you are in compliance with the Zero Tolerance Policy issued by the USCCB and that you have completed the training required by your diocese and have completed a current background check. Attach the letter to this completed Registration Form.*

LIABILITY RELEASE - RELEASE OF ALL CLAIMS

The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless Abide In Me, the Catholic Diocese of Peoria, St. Monica Catholic Church and their staff, employees, agents, and volunteers from and against any and all liability, for injuries, damages, loss to the undersigned or their family, including but not limited to attorney fees, arising from claims of any kind or nature whatsoever for my participation in this event. I understand this Release includes any claims based on the negligence, action or inaction of any of the Released Parties, and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise suffered by me either before, during or after participation in the event.

Medical Permission: In case of emergency, I authorize medical treatment for me, at my cost, if the need arises. I further authorize the Released Parties to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. In the case of a medical emergency, I understand that every effort will be made to contact the emergency contact of the participant. In the event that the emergency contact cannot be reached, I hereby give permission to the physicians selected by the Released parties to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary.

Code of Conduct: As a youth minister, chaperone, and/or volunteer, I understand that I am representing our diocese and parish during this event. I agree to display mature and responsible behavior and will faithfully represent the teachings of the Catholic Church with integrity in word and action. While participating in this event, I will accept responsibility for maintaining good conduct and appearance. I will participate fully, listen attentively, and follow the retreat team's directions at all times. I understand that Abide in Me and the Catholic Diocese of Peoria has the right to terminate my participation in the event at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's direction. I understand if I am removed as a volunteer I am responsible for my own travel expenses.

Signature _____ Date: _____



Washington District Library

TEEN EVENTS

October 2021



A.N.I.M.E.

Tuesday, October 12

6:00 – 7:00 PM

Main Library Meeting Room

Love anime and manga? Join us as we watch an anime show and eat ramen every 2nd Tuesday of the month.

CrafTEEN: Pumpkin Decorating

Tuesday, October 26 @ 6:30 PM

Five Points Banquet Room

Sign-up to make a different craft every month! Registration Required.

HALLOWEEN PARTY

Friday, October 29

4:00 – 6:00 PM

Main Library Meeting Room

Wear a costume and come to the library for a scary movie. Snacks and Halloween candy provided!

FoWL Book Sale: October 22-26

Book, DVD, and CD donations will be accepted Monday, Oct. 4 - Wednesday, Oct 20

BUT WAIT, THERE'S MORE!
CHECK OUT OUR TWEEN PROGRAMMING
(FOR AGES 9-14) ON OUR WEBSITE.

Main Library @ Five Points

380 N. Wilmor Rd.
309.444.2241

M: 9AM-6PM

T, W, TH: 9AM-8PM

F: 9AM-5PM

SA: 9AM-5PM (Sep-May)

SA: 9AM-1PM (Jun-Aug)

SU: 1PM-5PM

Sunnyland Branch Library

16 Washington Plaza
309.745.3023

M, W: 9AM-6PM

TU: 1PM-8PM

TH: 1PM-6PM

F: 9AM-5PM

SA: 9AM-1PM (Sep-May)

SA: CLOSED (Jun-Aug)

SU: CLOSED

washingtondl.org

Tween/Teen Taco Night

Monday, October 4 @ 4:00 PM

Five Points Banquet Room

Celebrate national taco day with a taco bar & a showing of Nacho Libre! Ages: 9-18 Registration Required.



Art & A Movie



Cruella & Perler Beads

Friday, October 15 @ 4:00 PM

Main Library Meeting Room

Join us for an evening of crafting and a movie every 3rd Friday of the month. Ages: 9-18 Registration Required.



FALL FESTIVAL

Sunday, October 31

1:00 - 5:00 PM

Main Library Meeting Room

Start trick or treating off right – at the library! Stop by for fall fun including costumes, crafts, games, and treats! All ages welcome!



100 Books Before Graduation



An ongoing reading challenge for high schoolers

Your goal is to read 100 books before you finish high school.

Join at any time during your high school career and track your progress on Beanstack.

Read whatever you want and count it towards your goal!

For every 10 books read, you will receive prizes (school supplies & gift cards), buttons, and be entered into a drawing to win a smartwatch. When you reach your goal, you will receive a Barnes & Noble Giftcard!





Washington District Library

TWEEN EVENTS

October 2021

Tween/Teen Taco Night

Monday, October 4 @ 4:00 PM
Five Points Banquet Room

Celebrate national taco day with a taco bar & a showing of Nacho Libre!
Ages: 9-18 Registration Required.



Art & A Movie



Cruella & Perler Beads

Friday, October 15 @ 4:00 PM
Main Library Meeting Room

Join us for an evening of crafting and a movie every 3rd Friday of the month.
Ages: 9-18 Registration Required.



Tween Thursday Live Action Among Us



Thursday, October 14 @ 6:30 PM
Main Library Meeting Room
Join Miss Cassie every 2nd

Thursday of the month for a variety of events & activities. This month we will be playing the popular game Among Us with the library as our ship! Call emergency meetings, complete tasks, and figure out who the imposter is?
Registration Required.

Halloween Haunted Houses

Saturday, October 30

10:00 AM & 12:00 PM – Main Library
11:00 AM – Sunnyland Branch



Build a spooky gingerbread house!
Ages 3+ Registration Required.
Registration begins October 1



FALL FESTIVAL

Sunday, October 31
1:00 - 5:00 PM

Main Library Meeting Room

Start trick or treating off right – at the library! Stop by for fall fun including costumes, crafts, games, and treats!
All ages welcome!

Main Library & Five Points

380 N. Wilmore Rd.
309.444.2241

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TU: 1PM-8PM

TH: 1PM-6PM

F: 9AM-5PM

SA: 9AM-1PM (Sep-May)

SA: CLOSED (Jun-Aug)

SU: CLOSED

washingtondl.org

BOOK SCOUTS

Want to be a part of a book club, but just don't have time to meet up regularly?
Join our Book Scouts Beanstack Challenge!

Ages: 9-14

Get Social With Us!





Washington District Library

SCHOOL AGE EVENTS

October 2021

STEAMPOWER

Cricut Trick or Treat Bags

Thursday, October 7 @ 4:00 PM

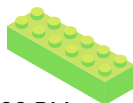
Main Library Meeting Room

Come in for a different STEAM-inspired activity on the 1st Thursday of every month.

Intended for ages: 5-12



Lego Club



Tuesday, October 26 @ 4:00 PM

Five Points Banquet Room

Use library-supplied Legos to build original creations that will be displayed for the month!

Ages: 5+

BROWN BAG IT

-Drive-In Movie-

Wednesday, October 13 @ 11:30 AM

Main Library Meeting Room

Bring your lunch to the library and enjoy a movie in your own box car!

All ages are welcome.



CRAFTERNOON

- CD SCRATCH ART -



Wednesday, October 27 @ 4:00 PM

Five Points Banquet Room

Come in to get crafty on the 4th Wednesday of every month.

Intended for ages 5-12.



Family Movie Matinee

Scoob! - PG (2020)

Sunday, October 17 @ 2:00 PM

Main Library Meeting Room

Bring the whole family every 3rd Sunday of the month to enjoy a movie!

Popcorn provided.

All ages are welcome.

Halloween Haunted Houses

Saturday, October 30

10:00 AM & 12:00 PM - Main Library

11:00 AM - Sunnyland Branch

Build a spooky gingerbread house!

Ages 3+ Registration Required.

Registration begins October 1



Main Library @ Five Points

380 N. Wilmor Rd.

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washingtondl.org



FALL FESTIVAL

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1:00 - 5:00 PM

Main Library Meeting Room

Start trick or treating off right – at the library! Stop by for fall fun including costumes, crafts, games, and treats!
All ages welcome!

Ages: 5-12

Get Social With Us!



Pantherette K-5 2021 Clinic Form & Information

The Pantherette dancers will be hosting a clinic at Washington High School. We would like to invite you to learn a routine with the Pantherettes and to be a part of a dance performance at a fall football game!



The Clinic:

When: Saturday, October 9th - Arrive Between 9:15-9:30 am

Where: Washington High School

What to wear: An outfit that allows easy mobility & a mask

The Performance:

When: Friday, October 15th - Arrive Between 5:45-6:00 pm

(The performance will be held at the football game, and will take place between the Freshmen Football Game and the Varsity Football Game—approximately sometime between 6:30 and 7:15 pm.)

Where to drop off: Washington High School multi-purpose room

(The clinic dancers will walk over to the field with the Pantherettes.)

Where to pick up: The gate to the track, leading onto the football field

(Young dancers will not be permitted to leave unless there is a parent present to pick them up.)

What to Wear: An outfit that allows easy mobility, a mask, & your Dance Clinic T-shirt (Currently masks can be removed during the outside performance. We will notify you if regulations change.)

The Price: \$30 (This price includes 2.5 hours of dance instruction, a T-shirt designed by the Pantherettes, a snack, a picture, and a goody bag with 2 tickets for the game)

Additional Information:

- A snack will be provided mid-session - and eaten outside (as long as weather cooperates), but girls may want to bring water bottles labeled with their names. Also if clinic dancers have a food allergy, please be sure to include that information in your sign-up.
- If you would like to see a sample of what the girls will perform, you may come to the Torry Gym at Washington High School at **12:00 pm**. After all performances, at approximately 12:15 pm, you may pick up your daughter.
- Clinic T-shirts can be picked up upon arrival at the performance.
- If you are unable to make the performance, clinic T-shirts can be picked up from the front office of the high school beginning Monday, October 18th.

Registration Options:

- **Online** - <https://wacohi.revtrak.net/extracurricular-activities/pantherettes-dance-clinic/#/list>
- (You may also access this link by going to www.wacohi.net, choosing "web store" on the left hand side, "activities", "Pantherette Clinic Grades KDG-5") *Online registration ends October 7th*
- **Drop Off Registration** - Fill out the attached form, write a check to **Washington Pantherettes** and drop off at the front office of the high school in an envelope, labeled Lauren Metz or Pantherettes. *Drop off forms must be received by October 7th*
- **Mail-in Registration** - Fill out the attached form, write a check to **Washington Pantherettes**, and mail to:
Washington High School Pantherettes
C/O Lauren Metz
115 Bondurant Street
Washington, IL 61571 *Mail in forms must be received by October 7th*
- **Walk-in Registration**- Arrive at the high school by 9:15 am where forms will be available to fill out. You may write the check there. *Walk in Registrants are not guaranteed a goody bag*

Please do not turn registration forms into your elementary school office.

If you have any questions, please feel free to email Coach Lauren Metz at ljmetz@wacohi.net or ask a Pantherette dancer!

Pantherette K-5 2021 Clinic Form



Please legibly print all information!

Information:

Student's Name: _____ (first and last name)

Grade: _____

School currently attending: _____

T-shirt size (please circle one):

child small child medium child large child extra large

adult small adult medium adult large adult extra large

In the space provided, please list any important information about this student (medical/allergies/etc...) that you think we should know for the clinic or the performance:

Emergency Information:

Guardian's Name: _____
(first and last name)

Primary Contact #: _____ **Secondary Contact #:** _____

Email address: _____

(Should you wish to attend the clinic again, we will use this email address to notify you of next year's information. Additionally, if there is a weather concern on the performance night, we will send out an email.)

Guardian Permission

I give my permission to allow my child to participate in the Pantherette Dance Clinic and performance. I understand that the Pantherettes and their parents will do their very best to watch my child and provide a rewarding experience, but the Pantherettes are not liable for any injury that should occur.

Guardian name (print) _____

Guardian Signature _____ Date _____