Newington Parks & Recreation Presents...

Children's Halloween Party

*For children in preschool through grade 4, **with their parents***

Saturday, October 31st, 2015

1:00 - 3:00 p.m.

Children in preschool through Grade 4, **with their parents,** are invited to join us for our Annual Halloween Party!

This annual party includes activities, games and crafts, as well as candy, refreshments and a DJ!

Children should wear their costumes!

Don't let your child miss out!
Pre-registration is REQUIRED.
Register early - space is limited!

Registration Information

Date: Saturday, October 31st
Time: 1:00 - 3:00 p.m.
Location: Mortensen Community Center
Fee: $5 per child for residents
$8 per child for non-residents
ID: *10680*

Pre-registration is REQUIRED.

Registration Deadline is
Thursday, October 29th

To register your child, please fill out our program registration form on the back of this flyer and return it to the Parks & Recreation Office. There is a $10 minimum for all credit card transactions.

Due to facility capacity and preparation, there will be a maximum number of participants allowed to attend. ***Space is limited.*** *If spaces are still available after Thursday, October 29th, a late fee of $5.00 per participant will apply for each participant. We will be unable to provide treat bags for participants who are registered late.*

If you have any questions, please call our office at 860-665-8666.

Registration must be returned to the Newington Parks & Rec. Office

Newington Parks & Recreation Registration Form

131 Cedar St. Newington, CT 06111 Phone: 860-665-8666 Fax: 860-665-8739
www.NewingtonCT.gov

PRIMARY HOUSEHOLD CONTACT INFORMATION

First Name _____ Middle Initial ____ Last Name _____

Street Address _____ Apt./Box # ____ City _____ State _____ Zip _____

[ ] Check if new address Home Phone (_____)_____ Work Phone (_____)_____

Cell Phone (_____)_____ Email Address_____

Emergency Contact _____ Relationship _____ Phone (_____)_____

*If there are any medical concerns, allergies or special needs that we should be aware of, please list here:*_____

_____ *Supplemental medical forms are available online or in our office.*

PROGRAM INFORMATION

One registration form can be used for more than one person ***in the same household****.*

First and Last Name	M/F	DOB	Program ID #	Program Name	Fee	Alternate ID#
			10680	Halloween Party		

PLEASE READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, brochures, pamphlets, and/or flyers.

ADULT SIGNATURE: _____ **DATE:** _____

Please note that there is a $10 minimum for all credit card transactions. **TOTAL FEES: $** _____

"ROUND UP" For Youth Recreation *Rounding up your program fee helps provide financial assistance for those unable to afford the program fees for youth activities.* + _____

Circle Method of Payment: Cash Check Credit Card Debit **TOTAL AMOUNT: $** _____

CREDIT CARD #: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Security Code** _ _ _ *(Found on back of card)* **EXP. DATE** _____ / _____

Circle type of card: VISA MASTERCARD DISCOVER

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