Town of Kent Recreation & Parks

(845)-531-2100 recreation@townofkentny.gov

Pumpkin Decorating Event

Come out and enjoy an autumn day with Kent Recreation by getting creative and decorating a pumpkin at the park!

When:

Sunday, October 11, 2015

Where:

Edward Ryan Memorial Park—Pavilion
43 Park Road, Kent

Time:

2:00 p.m.

Who:

Children Through 6th Grade

Fee:

$7:00 per Child
(Fee includes pumpkin, washable paint & decorating supplies, refreshments and giveaways!)

Registration form can be found on the following page!

Louis M. Fernandez
Director of Recreation and Parks

Telephone: (845) 531-2100
Fax: (845) 225-5130

Town of Kent Recreation and Parks Department
25 Sybil's Crossing Kent Lakes, NY 10512

Email: recreation@townofkentny.gov
Webpage: www.townofkentny.gov

Pumpkin Decorating Event

Date: Sunday, October 11, 2015
Time: 2:00pm
Location: Edward Ryan Memorial Park; Pavilion
Fee: $7.00 per participant (includes pumpkin, decorating supplies, refreshments, and giveaways)
Age: Children through 6th grade.

Children will design, paint and decorate the supplied pumpkins (no cutting or carving will be done). Old clothes should be worn.

Participant(s) Information						
Participant's Last Name:	First:	MI:	Birth Date:	Age:	Sex:	
					Male ☐	Female ☐
Participant's Last Name:	First:	MI:	Birth Date:	Age:	Sex:	
					Male ☐	Female ☐
Participant's Last Name:	First:	MI:	Birth Date:	Age:	Sex:	
					Male ☐	Female ☐

Street Address:	Home Phone Number:	Secondary Phone Number:

City:	State:	ZIP Code:	E-Mail	E-Mail 2

PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

By law The Town of Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my child(ren) to participate in the Pumpkin Decorating program sponsored by The Town of Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child(ren) in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child(ren) to a hospital for treatment at my expense.

Date:		Parent or Guardian Signature:	
		Please Print Name:	

OFFICE USE

Registration Date:	Registration Fee:	☐ Cash	Make checks payable to: **Kent Recreation**	Check Number:	Receipt Number:

Registration Deadline is Friday, October 2!