

saturday, january 25, 2014

Join us for an "out of this world" experience on a tour through the solar system filled with cosmic crafts and galactic games!

TIME: 5:30 PM - 7:30 PM ONLY \$8 IN ADVANCE, \$10 AT THE DOOR OPEN TO GRADES K - 4

LOCATED AT THE FRANKLIN COMMUNITY SENIOR CENTER 505 DEMOTT LANE, SOMERSET, NJ 08873



Call 732-873-1991 (Option 4) for more information.

Sponsored by the Franklin Township Youth Council Environmental Committee.

Please return form by January 23, 2014. Checks payable to FRANKLIN TOWNSHIP.

Activity	Partici	oant Name	1				ACTIVITY NAME		PAYMENT			
Number	LAST	FIRST	AGE	SEX	BIRTH	GRADE			Cash	Check#	1	
10111-BO					DAIL							
10111-BO												
PARENT Last Name					First Name							
OR	Address	Address										
GUARDIA	City	City					State Zip Code					
Home			Cell			E-mail						
PARENT/GUARDIAN AUTHORIZATION												
My child will be picked up by (Mothers Name) (Fathers Name)												
(Other) (Rel							Relationship)					
Are there any medical concerns/medication, allergies, emotional or learning problems that we should be aware of? Yes No. If yes, what are they?												
 I hereby authorize the Franklin Township Department of Parks and Recreation to act for me according to their best judgment in any emergency requiring medical attention. I have read and agree to abide by the policies & procedures listed on the previous page. 												
 I understand that my child is participating in a publicly run program and that photographs taken at the program may be used for display and publicity purposes by the Township. Please check the appropriate box : 												
☐ Yes, I will allow my child's picture to be used for display and publicity purposes by the Township of Franklin.												
□ No, I do not permit my child's picture to be used for display and publicity purposes by the Township of Franklin. I the undersigned, hereby agree to allow the individual(s) named hereon to participate in the Township of Franklin, Recreation Division activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Recreational activities. My signature acknowledges that I understand and agree to the above conditions.												
Select One: Parent Guardian												
Name Printed		Signature			Date							