STUFFED with Love

A donation event to stuff some hope into a child's life!

Join us for a day filled with fun activities, relay races, wet water games, and pizza! During this event, the participants will also be designing shirts for stuffed animals to be donated to a local hospital for children.

Date: May 31, 2014 Time: 6:00-8:30

\$5 in advance, \$7 at the door

Place: Franklin Twp. Community/Senior Center

505 DeMott Lane, Somerset, NJ 08873

OPEN TO GRADES 7-12



Return registrations to the Community/Senior Center no later the 30th. For more information call (732)873-1991, option 4.

Activity	Partici	pant Name	AGE	SEX	BIRTH DATE	GRADE	ACTIVITY NAME		PAYMENT			
Number	LAST	FIRST							Cash	Check#		
					57.12							
PAREN	T Last Name	Last Name					First Name					
OR	Address	Address										
GUARDIA	City				1	State Zip C		Zip Code	ode			
	Home	Home Cell			E-mail							
PARENT/GUARDIAN AUTHORIZATION												
My child will be picked up by (Mothers Name) (Fathers Name)												
(Other)						(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: 🗆 F	Parent [Guardian		
Name Printed	Name Printed				Date							