



# FRIDAY NIGHT



**For Teens and Young Adults with Special Needs**  
**Teen volunteers from Franklin Twp. Youth Council assist Recreation staff**



**FEBRUARY 12TH**  
**VALENTINE'S DAY EDIBLE TREATS**  
**7:00-9:00PM**  
**\$5.00**



**Create delicious treats for the ones you love while  
having fun with your friends!**  
**Snacks and water are provided.**  
**[CLICK HERE TO REGISTER!](#)**



**PRE-REGISTRATION IS REQUIRED. RETURN FORM WITH PAYMENT TO:**  
**FRANKLIN TOWNSHIP COMMUNITY/SENIOR CENTER**  
**505 DeMOTT LANE SOMERSET, NJ 08873**  
**REGISTER ONLINE AT [WWW.FRANKLINTWP.NJ.ORG](http://WWW.FRANKLINTWP.NJ.ORG)**  
**QUESTIONS? CALL MARIANNE REGAN 732- 873-2500 x6357**



Participant Name		AGE	SEX	BIRTH DATE	Medical Concerns or Allergies
LAST	FIRST				
PARENT OR GUARDIAN	Last Name			First Name	
	Address				
	City		State		Zip Code
	Home ( )		Work ( )		Cell ( )
E-mail Address:					

I hereby authorize the Franklin Twp. Parks & Recreation to act for me according to their best judgment in any emergency requiring medical attention.

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.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check One:  Parent  Guardian