



## **“Parents Night Out”**

<b>Location:</b>	Tarrytown Senior Center
<b>Date:</b>	Friday, December 15 <sup>th</sup>
<b>Grade:</b>	Kindergarten to 3 <sup>rd</sup> Grade
<b>Time:</b>	5:00pm to 8:00pm
<b>Fee:</b>	\$20 per child

Drop your child or children off and enjoy an evening out on your own. The children will enjoy a movie, and a craft to take home. Pizza and drinks will be served!

**Please register before 12/13/17.**

**PLEASE NOTE: LIMITED TO FIRST 25 CHILDREN**

# PARENTS NIGHT OUT

## 2017 REGISTRATION FORM

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Circle: Male Female

Name of Parent or Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name & Number #: \_\_\_\_\_

**FEE: \$20 non-refundable**

**WHEN: Friday, December 15<sup>th</sup>**

**TIME: 5:00pm to 8:00pm**

**WHERE: Tarrytown Senior Center**

**Make Checks Payable to: TARRYTOWN RECREATION**

**Mail Registration Form to: Tarrytown Recreation Department  
PO Box 292  
Tarrytown, New York 10591**

**For more information, please contact The Tarrytown Recreation Department @ 914-631-8347**

**Waiver of Liability:**

I hereby agree to hold harmless the Village of Tarrytown, the Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property damage or physical injury that I or my child may sustain as a result of my participation in any of the recreation activities in the Village of Tarrytown.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)