

MEADVILLE AREA RECREATION COMPLEX HALLOWEEN OVERNIGHTER APPLICATION

There are a limited number of spaces, so be sure to sign up early!

Child's Name _____

Parent's Name _____

Address _____

Home Phone _____ Cell Phone _____

Child's Grade _____

Any medical conditions/concerns we should be aware of? _____

*Please bring swimsuit & towel; warm coat, hat, & gloves;
sleeping bag, pillow, & pj's.*

I hereby give my consent for my child to participate in the MARC Halloween Overnighter on October 25, 2007. I further release the MARC staff and all concerned from all liability for injuries received by my child during or resulting from participation in this program. I understand that no outside food or Trick or Treat candy will be permitted in the MARC. I further understand that if any discipline problems should arise, the MARC supervisors will contact me and I will immediately pick up my child. I understand that refunds are not available.

Arrive with: _____ PA License # _____

Depart with: _____ PA License # _____

Signature _____

Fee: \$30.00 (non-refundable) Early Registration by October 9, 2007
\$40.00 (non-refundable) Registration

MARC Staff: _____ Amount Paid: _____ Date: _____