

ANNUAL

BALDWINSVILLE HALLOWEEN WINDOW PAINTING

SATURDAY, OCTOBER 23

RAIN OR SHINE

10:00 AM - 1:00 PM

BALDWINSVILLE SCHOOL DISTRICT

STUDENTS & FAMILY MEMBERS

AGES: 8 - 108

TRICK OR TREATING

NO REGISTRATION REQUIRED!

11:00 AM - 2:00 PM

PARTICIPATING BUSINESSES

PRESENTED BY:

GREATER BALDWINSVILLE  
CHAMBER OF COMMERCE

RETURN PAINTING APPLICATION TO:

[parks@townoflysander.org](mailto:parks@townoflysander.org)

TOWN OF LYSANDER PARKS & RECREATION

8220 LOOP ROAD

BALDWINSVILLE, NY 13027

APPLICATION

OCTOBER 15

DEADLINE:

ONE PERSON PER APPLICATION

COSTUMES ENCOURAGED

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Application Deadline

Friday, October 15

### RETURN APPLICATION TO:

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Town of Lysander Parks & Recreation Department  
8220 Loop Road; Baldwinsville, NY 13027  
315-635-5999

~ PLEASE PRINT INFO BELOW ~

PARTICIPANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

I give my child permission to paint at the Baldwinsville Halloween Window Painting activity and also give permission for my child's picture to be used in any newspaper, magazine, or web publication article concerning Baldwinsville Window Painting. Please contact us 315-635-5999 if you do not want your child's picture used in any form of publication. I UNDERSTAND THAT IT IS A PRIVILEGE to be allowed to paint the windows of the businesses within the Village of Baldwinsville and that I or another adult must supervise and remain with my child during the event. All pictures that are painted are to be of a Halloween theme and if not will be removed immediately. We will use painters tape and newspapers to protect the frames and walls surrounding the windows. My child and I are responsible for the clean-up of any paint and supplies that are used during the event.

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

You will receive your window assignments by e-mail, please print legibly. If you do not have an e-mail address your assignment will be mailed to you.

**SHARING A WINDOW? No more than two participants per window. List the other participant below. The other participant must also fill out an application sheet with a parent/guardian signature if necessary AND list the other participant on their application. - THANK YOU!**

Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Address \_\_\_\_\_

OFFICE USE ONLY			
DATE RECEIVED	WINDOW ASSIGNED	DATE RETURNED	ADDRESS RETURNED TO