



PROGRAM REGISTRATION

8220 Loop Road; Baldwinsville, New York 13027
315-635-5999 parks@townoflysander.org

Friday, September 30th

Check in at 5pm Friday

\$5.00 each

\$10.00 for 2 family members

\$15 for 3 family members

\$20.00 for 4+ family members

STARGAZING AND FAMILY CAMP-OUT

Program Location: Lysander Park; 8439 Smokey Hollow Road; Baldwinsville, New York 13027

Participants Name: _____ Gender: _____ DOB ____/____/____ Grade: _____
If Registering As Additional Family Member, Must Be Of The Same Family & Same Household

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Participants Name: _____ Gender: _____ DOB ____/____/____ Grade: _____
If Registering As Additional Family Member, Must Be Of The Same Family & Same Household

Parent/Guardian Name (Please Print) _____

Street: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email _____

Secondary Parent/Guardian Name and Cellphone #: _____

All programs of Lysander Parks & Recreation are first-come-first-served. A Registration Application and payment of the program registration fee must be completed prior to the end of business hours on the registration closing date. A Registration Application may be submitted by email to: parks@townoflysander.org, or by USPS, or in-person to: Lysander Town Hall; Parks & Recreation Department; 8220 Loop Road; Baldwinsville, New York 13027. Acceptable forms of payment include: credit card, e-check, personal check, cashier's check, or money order. Checks must be made payable to Town of Lysander; \$20.00 will be charged for a Bounced Check. Credit card payment may be made online, in-person, or by telephone: 315-635-5999. Credit Card and e-Check payments are charged, by MuniPay, a service fee of 2.65% or a minimum of \$3.00.

REFUND: Full refund will be given up to 4 weeks in advance of the registration closing date; No refund will be given less than 4 weeks in advance of the registration closing date, or for inclement weather, natural disasters, or acts of nature.

RELEASE WAIVER: Photos taken for publicity purposes may be used on the Town Web Site, our Facebook pages, in local newspapers or in our brochures, unless otherwise requested by the parent/guardian or participant. As the participant, parent or legal guardian of the above named participant I accept full responsibility for any and all injuries which may arise out of participation in the program(s) being registered for and hereby release the Town of Lysander, its agents and/or employees from any claims of any nature whatsoever arising out of my/my child (ren)'s participation. Consent is hereby granted to allow myself/my child(ren) to participate in the program(s) listed above. There is no medical insurance for any programs. I have read, understand, and agree to the policies listed on this page.

ON-LINE PAYMENT OPTION:

<https://secure.municipay.com/payapp/public/ECSale.html?siteId=n9tmesuxae&urlKey=91cf259a0475b3c51f07017fb331df5e&deptId=n9tmesuxae>

Parent/Guardian Signature: _____ Date: _____

Date Received: ____/____/____	OFFICE USE ONLY	Amount: \$ _____
Check #: _____	Credit Reference#: _____	Refund \$ _____ Date ____/____/____