

Seneca River Day Paddle Fest

1st Annual

June 9, 2018

To Register Call
315-635-5999

10 am Check-In
\$30 per Person



DAY: **Saturday**
DATES: June 9, 2018
CHECK-IN: 10:00 AM at Community Park (1 Lions Parkway)
FEE: \$30.00 (Includes *event t-shirt, food voucher & 1 duck ticket)
NEED A KAYAK OR CANOE: \$35.00 Single or \$50.00 Tandem – Provided by Erie Canal Boat Company (Limited # available / must be returned by 5:00 pm)

Send Registration to:
Lysander Parks & Recreation Dept.
8220 Loop Rd,
Baldwinsville NY 13027

Check's Payable to:
Town of Lysander

*T-Shirt Deadline:
May 18, 2018

Proud Sponsors:
Erie Canal Boat Company
Rotary Club of Baldwinsville
Town of Lysander
Village of Baldwinsville

(Cut across the Line) **~ All Participants Must Wear A Life Jacket ~** _____
PADDLE FEST REGISTRATION FORM

NAME: _____ M/F: _____
BIRTHDATE (under 18 yrs. old): _____ AGE: _____
ADDRESS: _____
CITY: _____ ZIP: _____
PHONE (C): _____ (H): _____
Email address: _____

CREDIT CARD INFORMATION

- I understand there will be a 2.45% fee with a minimum service charge of \$3.00 for using a credit card

MUST BE FILLED OUT IN ORDER TO PROCESS:

MC DISCOVER VISA AMERICAN EXPRESS

EXP. DATE: _____

Program: Paddle Fest Fee: _____

***T-shirt Deadline 5/18/18**

Circle T-shirts Size: SM MD LG XL (XXL) *Add \$3

Refunds: Full refunds are given if we cancel the class. Refund - minus a \$15.00 administrative fee will be given for checks, cash & credit card payments until the day after 1st class. No refunds for "one time" classes. Photos taken for publicity purposes may be used on the Town Web Site, on our facebook pages, in local newspapers or in our brochures, unless otherwise noted by a parent. 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.

CARD NUMBER: _____

CARD HOLDER'S NAME _____

-----OFFICE USE ONLY-----

DATE: _____ DOD: _____

CHECK: _____ CASH: _____ AMT: \$ _____

CHARGE: _____

AUTH#: _____ REF#: _____

Signature