

ANNUAL

BALDWINSVILLE HALLOWEEN WINDOW PAINTING

SATURDAY OCTOBER 22nd

RAIN OR SHINE

10:00 AM - 1:00 PM

Application Deadline

Friday, October 14

RETURN APPLICATION TO:

programs@townoflysander.org

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