

# Halloween Window Painting

## Application for Grades 4, 5, 6, & 7

Sponsored by:  
Lysander Parks and Recreation  
8220 Loop Rd  
Baldwinsville, NY 13027  
[www.townoflysander.org](http://www.townoflysander.org)

**Please note that the process for registrations has changed.  
Complete and return this form to  
The Lysander Parks & Recreation Department by Tuesday, October 9<sup>th</sup>**

**\*\*DO NOT send through the schools!\*\***

Registration forms can be returned to the Parks and Recreation Office at the above address by mail or in person or by email to [recreation@townoflysander.org](mailto:recreation@townoflysander.org) or by fax at 315-635-1619.

Paint Day will be **Saturday, October 27<sup>th</sup>** from 10 am until 1 pm.

~ PLEASE PRINT ~

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

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 B'ville Window painting. Please contact us 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 children per window. List the other student below.  
The other student must also fill out an application sheet with a parent/guardian signature AND list the other student on their application. – THANK YOU!**

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

LEAVE BLANK

DATE RECEIVED

WINDOW ASSIGNED

DATE RETURNED

ADDRESS RETURNED TO