

# Annual Halloween Window Painting

## Application for Grades 3, 4, 5, 6 & 7

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

### Window Painting Application Deadline is Wednesday, October 7<sup>th</sup> Application can be;

- Mailed Lysander Parks and Recreation Office at the above address,
  - Dropped off in person or
- By email to [recreation@townoflysander.org](mailto:recreation@townoflysander.org) or
  - By fax at 315-635-1619

### Halloween Window Painting Day **Saturday, October 24<sup>th</sup>** From 10 am until 1 pm (*Rain or Shine*)

~ PLEASE PRINT INFO BELOW~

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 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 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