

pictures with Santa!

Yes I would like to attend the Jingle Bell Hop on Friday, December 14th! Please mail and make your checks payable to:

Pomfret Recreation Dept., 5 Haven Rd., Pomfret Center, CT 06259.

Questions: 860-974-1423 or Email: Barbara.gagnon@pomfretct.gov

Name	M/F	Age:	Grade
Address:			
Email Address:			

Does your child have any medical problems that we should be aware of? ______

 Fee: \$5.00 per child ______ Cash or Check.
 \$7.00 per child at the door.

Please note: There are certain risks involved with participating in any Pomfret Recreation activity or event and I am willingly to assume these risks for myself/my child. I hereby waive and release all other partici-

pants, the Town of Pomfret, Pomfret Community School, any and all others involved from all claims and/or damage incurred with this Before School activity. I agree to accompany my child to this event. No refunds unless the event is cancelled by the Rec. Dept.



Signature of Parent/Guardian_____

Date _____