



Friday Night Friends

Second Friday of Each Month 6-8 pm.

\$5.00 per child Family max \$10.00

Dinner will be served

Check in and registration begins at 5:30pm

REGISTRATION FORM (ONE PER CHILD)

Child's name: _____

Child's age: _____ Date of birth: _____ School Grade: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

BRING A FRIEND OR TWO!

If have any questions, please feel free to contact Allison Csernai,
aac0605@gmail.com or 845-341-8541.