

# Happy Halloween



## Haunt Your House Or Harvest Your Home

**Does your family like to decorate for Halloween or Fall Harvest? Why not pick some pumpkins, stuff some scarecrows or scare up some ghosts and enter to win bragging rights and prizes?**

Contest sponsored by the Beekman Recreation Advisory Committee (RAC). Prizes will be awarded at the November RAC meeting. Judging will take place on Sunday, October 28<sup>th</sup> for those who have registered. Deadline for entry is 10/13/18 at the conclusion of the Beekman Rec Fall Festival. Register in person at Fall Fest or online at [http://beekmanrec.com/info/activities/program\\_details.aspx?ProgramID=28908](http://beekmanrec.com/info/activities/program_details.aspx?ProgramID=28908)



philipmartin.com



**Haunt Your House or Harvest Your Home Family Registration Form**

TOWN OF BEEKMAN

RECREATION AND PARKS DEPARTMENT

29 Recreation Center Road, Hopewell Junction, NY 12533

845-227-5783

227-9685(fax)

email: [recdirector@townofbeekmanny.us](mailto:recdirector@townofbeekmanny.us)

**ONLY use this form if you DO NOT HAVE an account with us!**

If you have an account, please register online

**Check ONE: \_\_\_ Haunt House \_\_\_ Harvest Home**

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Parent/Guardian #1 Last Name    Parent/Guardian #1 First Name    Parent/Guardian #1 date of birth    Parent/Guardian #1email address

Parent/Guardian #1 Home Phone    Work Phone    Cell Phone

Parent/Guardian #2 Last Name    Parent/Guardian #2 First Name    Parent/Guardian #2 date of birth    Parent/Guardian #2email address

Parent/Guardian #2 Home Phone    Work Phone    Cell Phone

Family Street Address    Town    State    Zip

Child #1 Last Name    Participant First Name    Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth    Age    Sex    School if currently a student    Grade

Child #2 Last Name    Participant First Name    Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth    Age    Sex    School if currently a student    Grade

Child #3 Last Name    Participant First Name    Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth    Age    Sex    School if currently a student    Grade

Child #4 Last Name    Participant First Name    Middle Initial

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth    Age    Sex    School if currently a student    Grade

**Please list at least ONE other contacts who live & work in the area that can serve as emergency contact**

\_\_\_\_\_  
#1 Last Name    #1 First Name    Phone

List any medical conditions or allergies that you would like us to be aware of for each member of your family. May continue on a second sheet if necessary.

\_\_\_\_\_  
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