

Hull Park & Recreation

Clown Arts Program

Registration

Program Location _____

Child's Name _____

Birth Date _____ Age _____ Sex _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Pager/Cell phone _____

Parents Name _____

Insurance Company _____ Number _____

Emergency contact person _____ phone _____

Special requirements (allergies/medications) _____

Hull Residents \$200.00 Out of town \$250.00

To reserve your child's space mail application form and non-refundable deposit of \$50.00 the balance of \$200.00 for out of town or \$150.00 for Hull residents will be due on the first day of the program.

I give my permission for my child's photograph to be used in promotional materials

Signature _____ Date _____

How did you hear of this program _____

Need more information on our program call:

(781-925-9793)

Mail application form and non-refundable deposit of \$50.00.

Eye Candy Productions

862B Nantasket Ave

Hull, MA 02045