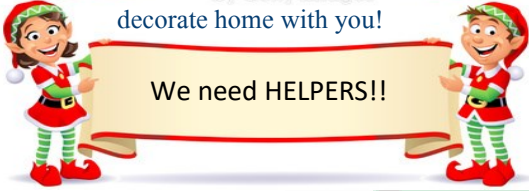


COOKIE CRAZE

Come join SRD this holiday season! We are going to be baking and decorating cookies. We hope to see everyone there to enjoy this fun filled afternoon. By the way, the best part is you get to take the cookies that you decorate home with you!

We need HELPERS!!



WHEN: Friday, December 2nd
Time: 1:30pm to 4:00pm
WHERE: SRD Building
AGE: Pre-K-6th
LIMIT: 30 participants
COST: \$15.00 per person
DEADLINE: Monday, November 28th

Participants are to meet SRD Staff at the Elementary Office directly after school. Vans will be available to transport participants to the SRD Building. Please note that there IS NOT an activity bus running on Fridays. Parents must pick up students at 4:00pm from the SRD Building located at 97 S. Maple in Shoshoni.



Shoshoni Recreation District #24 Registration

Phone #: (307)876-2663 Phone #: (307) 876-2572 Email: rec24@wyoming.com Website: www.srd24.com

Mailing Address: PO Box 356, Shoshoni, WY 82649 Physical Address: 97 S. Maple, Shoshoni WY

Please either mail this form or bring it in to the SRD Office.

SRD is not responsible for fees/registrations not turned directly in to the SRD Office.

PLEASE PRINT AND WRITE CLEARLY.



Participant's Name: _____ Age: _____ Grade: _____ Sex: M / F
First Last

Participant's Name: _____ Age: _____ Grade: _____ Sex: M / F
First Last

Participant's Name: _____ Age: _____ Grade: _____ Sex: M / F
First Last

Participant's Name: _____ Age: _____ Grade: _____ Sex: M / F
First Last

Parent's/Guardian's Name: _____
First Last MI

Phone #'s: _____
Home Cell Work

Emergency Contact: (not you) _____
Name Phone #

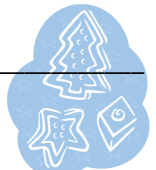
* **If someone other than a parent or guardian is picking participant/s please list their name below.** Their ID may be requested. Please understand that participant/s safety is our highest priority, if plans change you must call the SRD office and notify us of any change. If we are not notified you will be called before participant/s is allowed leave with anyone other than parent/guardian or person listed below.

Name: _____ Phone Number: (____) _____

I hereby release the SRD #24 and staff/volunteers associated with this organization from any liability while participating in **Cookie Craze**. I further give permission for the above participant to be treated medically if my emergency contact cannot be reached. I also understand that I will assume the cost of treatment. Please put only one person per registration form. Please visit our website at www.srd24.com for additional registrations. Your picture may be taken while participating in SRD events and used in our publications. Fees must be paid in full before the deadline; refunds will only be granted if the SRD is notified 24 hours prior to the start of the program. For more details on our cancelation policy please refer to srd24.com or call the main office. No tobacco of any kind is permitted within 50 feet of any SRD facilities or vehicles. SRD is not responsible for lost or stolen registrations or fees. We highly suggest that payments are given to us in envelopes labeled SRD.

Parent/Guardian Signature: _____ Date: _____

**I want to volunteer: _____



OFFICE ONLY: Payment type(\$15.00): Cash _____ Check _____