

ROLLING WITH PUMPKIN'S & CORN

DATE: Monday, October 17th
TIME: 9:00pm-4:00pm
LOCATION: Son Harvest Seasons & Wind River
 Rec Center

GRADES: Pre K - 12th grade
COST: \$20.00

LIMIT: 26 participants on SRD vans, 4 and older on vans. (If vans are full parents have the option to transport child/children to and from the event.) Please understand some trips are limited in size due to the organization/s we are working with. Their facilities/staff can only handle a certain number of participants. Please call SRD if you have any questions.

Parents if you plan on staying with your child and participating you must pay registration.

This year we added something to this trip, we will be going to Pavillion Recreation to have some fun roller skating. After we have rolled around we will then eat lunch. We will then adventure to Son Harvest Farms to pick pumpkins! Everyone will get a trip through the corn maze, and pick a basketball size pumpkin from the Pumpkin Patch. If anyone wants any additional pumpkins or other items they will need to bring extra cash. (Please send a lunch, water and snacks)

REGISTRATION INFORMATION

- **DEADLINE:** Thursday, October 13th
- Please send your completed registration to:
 PO BOX 356
 Shoshoni, WY 82649
- Return It to the Elementary Office or to the SRD Office 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.



Live to Play. Play to Live.

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

Parent's/Guardian's Name: _____
 (If participant is under 18) First Last

Mailing Address: _____
 PO Box/Street Address City State Zip

Phone #'s: _____
 Home Cell Work

Person other than parent allowed to pick-up child: _____
 (please see disclosure on the bottom of this form) First Last Phone #

Emergency Contact: (not you) _____
 Name Phone #

I hereby release the Son Harvest Seasons, Wind River Recreation Center, SRD #24 and staff/volunteers associated with this organization from any liability while participating in **Pumpkin Pickin' & Corn Maze / Wind River Recreation Center**. 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 cancel action 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. No persons other than a parent or the alternate pick up listed above will be allowed to pick up the registered child unless SRD is given proper notice.

Signature: _____ Date: _____

OFFICE ONLY: Payment type(\$20.00): Cash _____ Check _____