

It's time for the boys & girls
to come out to play...



CITY OF CHANHASSEN'S
35th ANNUAL

HALLOWEEN PARTY!

SAT.
Oct 26
5:30-7:30
PM

\$5 Per Child
Adults Free!
Ages 2-13

**Chanhasseen
Recreation Center**

2310 COULTER BOULEVARD

Stop by City Hall, the Chan Rec Center, or
mail in THIS registration form to sign up.

**Pre-Registration Deadline:
FRIDAY, OCTOBER 25**

\$5 Per Child/Adults FREE

Registration will also be taken day-of at the door.

Put on your costume and join
us for the City of Chanhasseen's
35th Annual Halloween Party.

There will be Trick-or-Treating,
live performance from The
Spooky Not Scary Show, games,
hayrides, and more to enjoy
with your family and friends.



Halloween Party

**Saturday, October 26
5:30-7:30pm**

Chanhasseen Recreation Center
2310 Coulter Boulevard, Chanhasseen

Ages 2 - 13

\$5 Per Child/Adults FREE

Pre-Registration Deadline: Friday, October 25

Stop by City Hall, the Chanhasseen Recreation Center, or
mail in your registration form to sign up early for the party.

**For more information about this event please
contact Jerry Ruegemer at 952.227.1121**

Registration Form

Name: _____

Name: _____

Name: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact Phone: _____

Email: _____

I, the undersigned parent, guardian or participant, do hereby agree to allow the individual(s) named herein to participate in the above mentioned activity and I further agree to indemnify and hold harmless from and against any and all liability for injury which may be suffered by the aforementioned individual(s) arising out of, or in any way with, his/her participation in this activity. I do hereby allow the City of Chanhasseen to use any photographs taken by the city of the individual(s) named herein in city informational bulletins released to the general public for the period of one year from the date I have signed below. Tennessee Statement: The information requested on the registration form will be used to verify eligibility and determine staff, facility, and equipment needs. You/your child's name, sex, birth date, address, phone number and health information will be provided to city staff, volunteers, the city attorney, insurer, and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in the program.

Parent Signature: _____

Date: _____

Payment: Cash Check

Notes: _____
