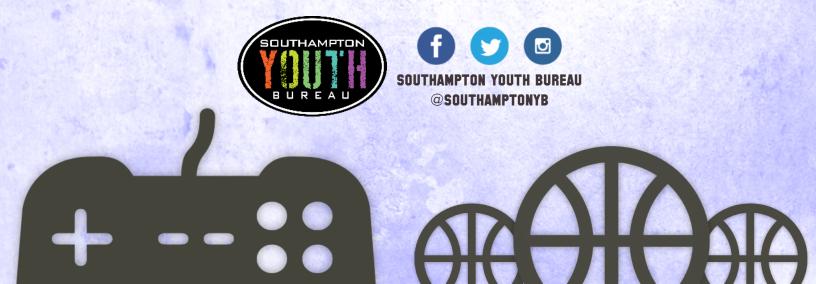
THE SOUTHAMPTON YOUTH BUREAU'S

AT THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD

GAMES & ACTIVITIES, ARTS & CRAFTS, SPORTS, MOVIE NIGHTS, VIDEO GAME TOURNAMENTS AND MORE!

PROGRAM IS HELD ON FRIDAYS BEGINNING JANUARY 6TH GRADES K - 4 4:00PM - 6:00PM | GRADES 5 - 8 6:00PM - 8:00PM FREE! PRE-REGISTRATION REQUIRED - SPACE IS LIMITED!

FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YOUTHBUREAU



THE SOUTHAMPTON YOUTH BUREAU'S TGIF IT'S FRI-YAY REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO THE FLANDERS YOUTH CENTER, 655 FLANDERS ROAD, FLANDERS, NY 11901 OR REGISTER ONLINE AT HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT

Youth's Name:		Birth Date:	Gender:
Mailing Address:		Town:	Zip Code
Youth's Cell Phone Number:	Youth's Email Address:		
School:	Grade:	Home Nu	mber:
Food Allergies or Other Health Concerns:			
Guardian 1:	Cell Phone:	Guardian 1 Ema	il:
Guardian 2:	Cell Phone:	Guardian 2 Ema	il:
Emergency Contact Name			
Home Phone	Cell Phone		
The following have permission to pick up	my child:		
Name	Relationship		
How did you hear about this program? P	lease place a ✓ to which category (or ca	ntegories) apply to y	ou:
Postcard/Direct Mailing Social M	edia School Town's W	ebsite Email	
Other:			
I give permission for my child	Flanders Youth Center, 655 Flanders ast, indemnify, defend and hold harmles from and against any and all demants relating to or arising from my chium. I certify that my child's health and tof a medical emergency and I cannot medical treatment. I also consent	s Road from Januar ess the Town of Sounds, liabilities, loss ld's participation in d physical condition ot be reached, I aut	athampton, its officers, employees, ses, damages, expenses (including the Town of Southampton Youth are appropriate for participation thorize the Town of Southampton
Parent/Guardian Signature:		D	ate:

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