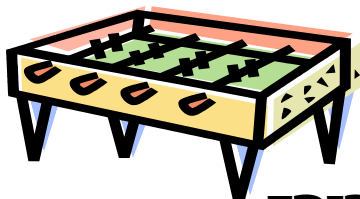




Parent's Night Out



Grades: Pre-Kindergarten to 8



FRIDAY

JANUARY 25, 2019

FROM 6:30PM TO 10PM

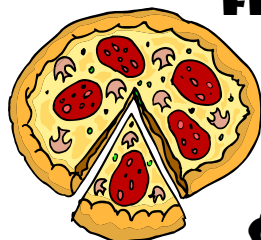
\$15 FOR ONE CHILD

\$25 FOR TWO

\$35 FOR THREE

\$10 FOR TORCH CLUB

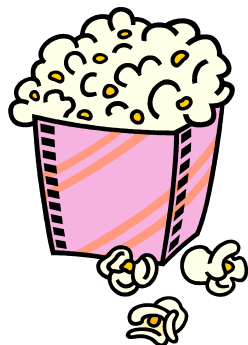
**PLEASE SIGN UP BEFORE THE
EVENT!**



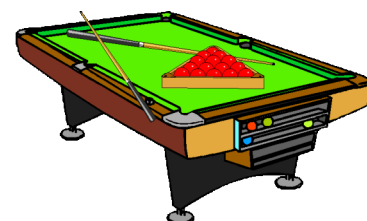
***Parent's Night Out
children are permitted to
wear their PJ's*
STAR WARS THEME**

Enjoy a night out while your children have a great time at The Club!
There will be organized games & activities , computers, XBOX Kinect, gym time, movies, pizza
and much more.

MINIMUM 10 children must attend for program to run.
Support the Boys & Girls Club of Pequannock's
Keystone Club by signing up today!



Drop off form at:
Boys & Girls Club of Pequannock
19 Oak Ave
Pequannock, NJ 07440
(973) 633-9007
www.bgcnnj.org
www.facebook.com/bgcofpequannock





Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Grade _____ School _____

ANY FOOD ALLERGIES? _____

Parent/Guardian Information:

Mother's Name: _____

Cell phone number _____

Father's Name: _____

Cell phone number _____

Authorized to pick up: _____

Emergency Phone and Contact if not a parent listed above: _____

My child will be participating in Parent's Night Out on Friday January 25, 2019.

I hereby give consent for my child to participate in the Boys & Girls Club of Pequannock's Parent's Night Out. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Pequannock Boys & Girls Club, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

That the above information is correct.

- That in the event of a medical emergency, I authorize the Boys & Girls Club Pequannock to seek emergency professional medical care for my child as deemed necessary by the Director

(Signature of Parent or Guardian)

(Date)