## Flashlight Easter Egg Hunt



## **Registration Required!**

Child's Name	Parents Name	
Street Address	City, State, ZIP	
Date of Birth Phone _		E-Mail
Make Up Date in Case of Inclement Wo	eather – Saturday, March 28th	
Weather Line (816) 437-2489 Option #4	Select age group:	
· · ·	k □ Mastercard □ Visa □ Discover	☐ 3 & Under ☐ 4-5 years ☐ 6-7 years
Card #	Exp Date	
By my signature on this form, I waive and release any and all rights to institute a claim against the City of Gladstone or their sponsors for damages or injuries to my child which are not a result of negligence on the party of the City of Gladstone their agents or employees, or any costs resulting therefore, in conjunction with my child's participation in the City of Gladstone Flashlight Easter Egg Hunt.		
Signature of Parent or Guardian	Return registration form to: Easter Egg Hunt, City of Glad.	stone, 7010 N. Holmes, Gladstone, MO 64118
	Or register at www.activityreg	com







