



ARTY Halloween Party

31st October 2009

\$5.00 per child



Name of child:

Address:

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Age of child:

Parent's name:

Parent's mobile phone number:

Parent's email address:

Medical conditions:

Food allergies:

Photo Release:

I give my permission for photos of my child _____ (name) to be used by the Artarmon Progress Association for publicity purposes through the ARTY website at www.arty.org.au or the Artarmon Progress Association website at www.artarmonprogress.org.au or the ARTY facebook page.

Signature:

Relationship to child: Date:

Please send this form to: Artarmon Youth Committee,
c/o Artarmon Progress Association Inc.
PO Box 540
Artarmon NSW 1570



"The objectives of the Association are to promote the welfare, physical and intellectual advancement of the suburb of Artarmon and the City of Willoughby, to protect the interests of the residents and to encourage a keener spirit of citizenship and mutual help among such residents." – APA Constitution

Please note: All children under 6 years of age must be supervised by an adult.