

**City of Niagara Falls
EASTER EGG HUNT PRE-REGISTRATION FORM**

**Saturday March 28, 2015 - 9:30 AM -11:00 AM
John Duke Center 1201 Hyde Park Blvd.**

NAME_____

ADDRESS_____

DATE OF BIRTH_____ GRADE_____

AGE_____ PHONE_____

PARENT OR GUARDIAN SIGNATURE_____

PLEASE ONLY ONE FORM PER CHILD.

FORM MUST BE RETURNED TO 1785 NEW ROAD BY MARCH 21, 2015 BEFORE 4:00PM

OR FAX FORM TO: 716-286-4877

RESTRICTED TO THE FIRST 100 CHILDREN PER AGE GROUP

SIGN IN BEGINS AT 9:30 A. M. ON MARCH 21, 2015

BY SIGNING THIS FORM YOU GIVE THE CITY OF NIAGARA FALLS PERMISSION TO
PHOTOGRAPH YOUR CHILD FOR PROMOTIONAL PURPOSES
