



NOVAKS' HALLOWEEN SLEEPOVER

When: October 29, 2011
 Time: Sat. 8:00 p.m. - Sun. 8:00 a.m.
 Cost: \$30.00 each 1st child / 20.00 each sibling

FUN is right around the corner! Our annual halloween sleepover is scheduled for October 29th. If you are in 1st grade or older you can come join the fun! (Kindergarteners and those who don't sleepover can participate until 11:00 p.m.) Cost is \$30.00 per 1st child, \$20.00 each for sibling. Proceeds will help pay equipment costs. We will start the evening at 8:00 p.m. and finish the next morning at 8:00 a.m. Children will be fed pizza around 10:00 p.m. We will show a family oriented video before bedtime. Sign up by filling out the form below and turning it into the office. Here are some of the other fun things we will do:

Costume Contest! Flips on Trampoline(in harness)! Jump in Pit! Swing on Rings! Swing on Rope! Pizza Party!

- * Children should come dressed in their costumes as the contest is first.
- * Children should wear their gymnastic attire under their costume.
- * Please do not bring food, candy or drinks with you.
- * Please feed your children before they come as pizza will not be served until 10:00 p.m.
- * Items to bring:
 - Sleeping Bag
 - Pillow
 - Toothbrush/toothpaste
 - Pajamas - Please NO GOWNS! Must be pants/shirt type or one piece with legs.

Register by
SATURDAY, OCT. 22nd
 and save **\$5.00** per
 family

COPY OF RELEASE AGREEMENT

RELEASE: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampolining and exercise. I hereby consent to my child's participation in activities on equipment owned or used by Novaks' Gymnastic Center and hereby agree that I for myself and my child(ren) adopted or otherwise, my heirs and executors waive and release any and all rights and claims for damages that I may have at any time against Novaks Gymnastic Center, Inc. or it's agents and representatives for any injury or damages in

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CHILDS NAME	AGE	PHONE	NOVAKS' MEMBER? LEVEL?

Phone #'s where you can be reached during vent: _____

Emergency Contact/Phone : _____

NON MEMBERS - INSURANCE CARRIER _____ **#** _____

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 Signature of Parent or Guardian

 Date