



EATONTOWN RECREATION  
 47 Broad Street, Eatontown, NJ 07724  
 (732) 389-7607  
 Email: [rec@eatontownnj.com](mailto:rec@eatontownnj.com)  
[EatontownNJ.com/Recreation](http://EatontownNJ.com/Recreation)



# Halloween Celebration



**DATE: FRIDAY, OCTOBER 25, 2019**

**TIME: 6:00 P.M – 8:00 P.M.**

**LOCATION: Meadowbrook School Field**

**Rain or Shine**

**EATONTOWN RESIDENTS ONLY!**

**D.J. PHOTOBOOTH AND COSTUME CONTEST**

**ONE WINNER EACH CATEGORY- JUDGES EATONTOWN YOUTH COMMITTEE MEMBERS**

- FUNNIEST COSTUME**
  - SPOOKIEST COSTUME**
  - BEST HOMEMADE COSTUME**
  - BEST GROUP/FAMILY THEMED COSTUMES**
- Please bring a non-perishable food item donation for the food bank.*

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 ✂ IMPORTANT: HOLD HARMLESS RELEASE (PLEASE READ): I understand there is no medical insurance coverage included in the registration for any program offered by the Department of Recreation. By participating in these programs, you assume your own medical insurance responsibilities. The Borough maintains a "Limited Form of Contract" accident insurance for sponsored programs, which is intended to be only supplemental to your own personal health insurance. Participants in Recreational activities sponsored by the Borough of Eatontown should recognize that conditions in an about the recreational facilities, and the nature of certain activities all present certain reasonable and unforeseeable risk of injury. Users/participants assume all reasonable risks, which may exist by virtue of the conditions existing at the facilities, or by virtue of participation in the activities. Users/participants agree to hold harmless the Borough of Eatontown, its employees, or volunteers in the event of accident or injury while participating in the activities and/or while using Borough and/or recreational facilities. Photos and videos may be taken and used by Eatontown Recreation for promotional purposes.

## 2019 HALLOWEEN CELEBRATION

Adult Last Name \_\_\_\_\_ Adult First Name \_\_\_\_\_

Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Participant Name	Grade	Date of birth	Sex M or F
_____	_____	_____	_____
_____	_____	_____	_____

Child requires reasonable modifications because of a disability in order to participate.  Yes  No