



30 Spring Street, Williamstown, MA 01267 • greylockafterprom@gmail.com

KIDS NIGHT OUT! REGISTRATION FORM

Cost: \$25

**each additional sibling is \$20,
(\$5 discount per family for pre-registering).**

Parent's First Name _____ Parent's Last Name _____

Child #1 First/Last Name _____

Child #2 First/Last Name _____

Child #3 First/Last Name _____

Child #4 First/Last Name _____

Child #5 First/Last Name _____

Address _____

Town, State, Zip _____

Phone _____

Email _____

By agreeing to this childcare arrangement, I understand that this is an at-will agreement. I further agree to forever indemnify and discharge the Williamstown Youth Center, its Officers, Board of Directors and staff from all claims related thereto, as well as the officers and members of the Mt. Greylock After Prom Committee.

Parent's Signature _____

Date _____

Fax to 413.458.6156, greylockafterprom@gmail.com or bring with you to Kids Night Out!