



New Rochelle
Recreation

Eggstravaganza

Your receipt will serve as confirmation and be required for admittance.

Participant's Name: _____ Birthdate _____ Grade: __ Age: ____

Parent's (Guardian) Name: _____

Adult Accompanying Registered Child (if not same as indicated above): _____

Preferred Phone #: _____

Home Address: _____ Zip: _____

E-Mail Address _____

I hereby give my consent for my child to participate in the Eggstravaganza Event. While every precaution will be taken to safeguard my child, it is understood that I release New Rochelle Parks and Recreation, City of New Rochelle, and its sponsoring agents from all responsibility, in case of accident or illness, including COVID-19 related illness while participating in this event.

I hereby give New Rochelle Parks and Recreation permission to use photographs/video taken pertaining to the Eggstravaganza Event.

X _____
Signature of Parent/Guardian Date

SELECT ONLY (1) ONE

- Five Islands Park 10:00am _____
- Hudson Park 11:15am _____
- Davenport Park 12:30 pm _____

4 WAYS TO REGISTER:

- EMAIL APPLICATION TO info@newrochelleny.com
- FAX APPLICATION – 654-2010
- MAIL APPLICATION: DEPARTMENT OF PARKS & RECREATION, 515 NORTH AVE., NEW ROCHELLE, NY 10801
- SUBMIT APPLICATION IN PERSON – City Hall 8:30 – 4:30 M-F