



Fayetteville Fantastics Application

Name _____ Age: _____

Phone# _____ Email _____

Parent/Guardian's Name _____

Phone# _____ Email _____

Address: _____

Grade in School: _____ Favorite Subject(s): _____

Hobbies: _____

Clubs: _____

Fantastics will meet the following days/times during Summer 2018 (Please circle what days you plan to attend--you can sign up for all 4, or as available)

Wednesdays from 4-4:45 PM: July 18th, July 25th, August 1st, August 8th

Parent/Guardian Signature: _____

PHOTO RELEASE

I (print parent/guardian name), _____, hereby authorize and consent to the use of my child, (print child's name) _____ picture by the Fayetteville Free Library for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, websites and social media.

Signature _____ Date _____

Fayetteville Free Library
300 Orchard Street
Fayetteville, NY 13066
www.fflib.org
@fayettevillelib
(315) 637-6374

Director of Community Engagement & Experience
Leah Kraus
lkraus@fflib.org

Copy to ED/Admin File _____ Initials _____ Date _____ Executive Director
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