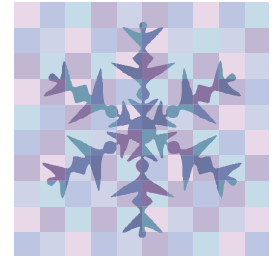


Tri-Town Recreation

Sponsored by the Towns of Elma, Marilla and Wales
Serving Elma, Marilla and Wales Residents Only



2012 Winter Recreation Program At the Iroquois Middle School

Saturday, January 7th - Saturday, February 25th, 2012

**NO Program: January 28th (MS Play) and February 4th (MS Science F
air)**

NEW TIMES: 10:00am - 12:30pm

**YOUTH RECREATION: Recreational gym games, special events, crafts,
and recreational swim**

FOR: Youth in kindergarten through 6th grade

NEW TIMES: Saturday 10 AM - 12:30PM (Times are exact!)

LOCATION: Iroquois Middle School gym and pool; Enter building at side door facing Girdle Road.

COST: \$1.00 per child per Saturday (pay each week)

**ALL PARTICIPANTS NEED TO WEAR DRY SNEAKERS IN THE GYM.
IT IS SUGGESTED TO BRING A SNACK.**

All participants must complete a registration form. Registration can be done during program hours.
All participants must be picked up on time or a late charge will occur.

BUS TRANSPORTATION AVAILABLE:

<u>Bus To Program:</u>	<u>Arrives</u>	<u>Leaves</u>	<u>Bus Return Trip:</u>	<u>Leaves MS at 12:20pm</u>
Bus at Wales School	9:50am	9:55am	Bus at Marilla School	12:30pm**
Bus at Marilla School	10:05am	10:10am	Bus at Wales School	12:40pm**

**Parents are responsible to pick up children on time. Youth riding the bus will be sent home on the bus unless a note is written explaining change.

No Youth Basketball Program this year.

No Family Swim Program this year.

Questions: Call Kerry at the Elma Town Hall. 652-3260 ext. 20

Program cancellation due to weather: Listen to WBEN 930 AM radio, starting 2 hours before program starts.

If Iroquois School activities are cancelled, Tri-Town Recreation programs are also cancelled.
Tri-Town Recreation is not responsible for personal injury or lost articles.

SUMMER PROGRAM INFORMATION: Available April 20th from the Elma, Marilla or Wales Town Halls.

2012 Registration Form

Bring completed registration form to the program during the scheduled time. Registrations will be taken throughout the entire program.

Name _____ Age _____ Phone _____

Mailing Address _____ Circle town you live in: Elma Marilla Wales

Special Concerns / Limitations (be specific) _____

Emergency Phone Number (when parent not home) _____ Relation to child _____