

# Grimes Parks & Recreation

Telephone: (515) 986-2143

[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Pumpkin Decorating Contest at the GCC!

### Contest Description:

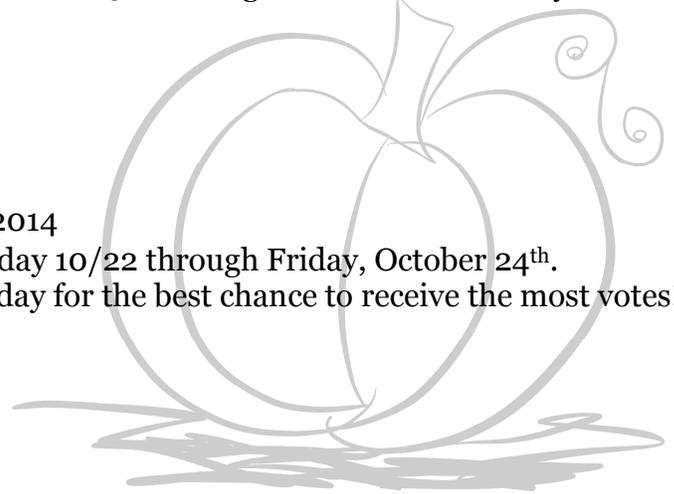
Enter your decorated pumpkin for a chance to win one of 3 different prizes! Winner will be announced at the Grimes Halloween Fest! Everyone is welcome to enter one pumpkin in our contest. Completed pumpkins can be dropped off at the Grimes Community Complex on Wednesday, October 22<sup>nd</sup> and picked up when you leave the Halloween Fest on Saturday, October 25<sup>th</sup>! Voting will start Wednesday and three winners will be chosen!

**Who:** All ages!

**Where:** Grimes Community Complex  
410 SE Main Street in Grimes

**Dates:** Voting begins Wednesday, October 29<sup>th</sup>, 2014  
Pumpkins can be dropped off on Wednesday 10/22 through Friday, October 24<sup>th</sup>.  
Get your pumpkin to the GCC on Wednesday for the best chance to receive the most votes!

**Guidelines:** No carved pumpkins  
Pumpkin can be any size  
One pumpkin per participant  
Get creative and use your imagination!



**Questions:** Contact Brett Barber, Parks & Rec Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) or at 515-986-2143.

**Register:** Bring in registration to the Grimes Parks and Recreation Office with your decorated pumpkin. Each pumpkin will be given a number for voting purposes.

**Cost:** FREE!

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### 2014 Pumpkin Decorating Contest

PARTICIPANT'S NAME: \_\_\_\_\_ AGE/DOB: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL (required): \_\_\_\_\_ PHONE: \_\_\_\_\_

ENTRY NUMBER: \_\_\_\_\_

### Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date