

Grimes Parks & Recreation

Telephone: (515) 986-2143

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! Everyone is welcome to enter one pumpkin in our contest. Completed pumpkins can be dropped off at the Grimes Community Complex Monday of the Halloween Fest and picked up at the Halloween Fest!

Who: All ages!

Where: Grimes Community Complex
410 SE Main Street in Grimes

Dates: Voting begins Monday before Annual Halloween Fest
Pumpkins can be dropped off the Monday of Halloween Fest.

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 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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Annual Pumpkin Decorating Contest

PARTICIPANT'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL (required): _____ PHONE: _____

ENTRY NUMBER: _____ (Staff will assign a number at time of registration)

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