



Open Craft & Game Night

Beginning in November, on the 2nd & 4th Wednesdays of each month, Antrim Rec will host an Open Craft & Game Night open to Teens and Adults. This will be a chance for people to bring their current projects or favorite games to work on or play in company. These nights will be held in the upstairs at Town Hall with lots of room to spread out.

**We will provide the space,
you bring the supplies and games!**

There are a couple of tables available to use, but feel free to bring a portable work surface with you. There are electrical outlets available to plug in things such as sewing machines. If you plan to paint, please bring a drop cloth with you to put under your work area to protect our surfaces.

**Want to learn about a specific craft or game? Let us know!
We can look into setting up a session to teach the basics!**

No registration required to attend*.

** 13-17 y.o. need a permission form on file to attend on their own.*

**From 7:30-9:00 PM at Town Hall
2nd & 4th Wednesdays of Each Month**

This is a program of the Antrim Recreation Department. This is not a ConVal program.

-----Please return to the Recreation Office prior to attending OC&GN/Hobby Basics-----

Under 18 Permission Form - Open Craft and Game Night/Hobby Basics

Fall/Winter 23-24

Participants Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Email: _____

Phone: _____ Alt Phone: _____

Mailing Address: _____

Parent/Guardian Name: _____ Email: _____

Phone: _____ Alt Phone: _____

Parental Consent: I, the undersigned, understand that the program we are registering for requires the participant to be in adequate physical conditions, attentive, and properly attired. All sports/ activities are potentially dangerous and may result in personal injury to the participant. I am hereby acknowledging that I am registering my child and accept the risks inherent in the sport/activity. Additionally, I understand that any injuries or illness sustained by my child will be my responsibility to pay for and that there is no medical insurance granted to my player/child when we register for this program. I understand and give permission for agents of this program to seek appropriate medical care and transport in the case of injury or sudden illness.

Signature of parent/ legal guardian: _____ Date: _____

Child's regular physician: _____ Phone: _____

Emergency Contact (if we can't reach you): _____ Phone: _____

Information we should know about your child (medical, allergies, social...): _____

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