

Village of Briarcliff Manor Recreation Department
3 Library Road, Briarcliff Manor, NY 10510
Phone: (914) 941-6560 ~ Fax: (914) 944-2748



IMAX and Dave & Buster's

In partnership with New Castle Recreation and Parks Dept.
Palisades Center, West Nyack, NY
Wednesday, February 22nd



Join us for a fun filled day at the Palisades Center! Start by watching a spectacular IMAX Movie followed by video game fun at Dave & Buster's!

ELIGIBILITY: All Current Youth Center Members

ITINERARY:
9:00 am Drop off at the Youth Center
10:30 am IMAX Movie: **TBD**
12:30 pm – 1:00 pm Lunch @ Food Court
1:00 pm – 2:00 pm "Power Hour" 1-hour of unlimited video games*
2:30 pm Return to Youth Center
3:00 pm Parents pick up at the Youth Center

FEE: \$40.00 – Includes movie, "Power Hour" Card, transportation & supervision.
* "Power Hour" card is for video games only, **NOT** valid for games dispensing prize tickets.

PLEASE NOTE: Lunch is not included, please provide additional money to purchase lunch from the food court.

REGISTRATION: Registration begins immediately, and will be accepted on a first-come first-served basis until **Thursday, February 16th**. **Space is limited, so register early!** Complete the form below and return it with the payment to the Recreation Department. Refunds will not be given, unless the program is canceled due to insufficient registration or inclement weather.

SPACE IS LIMITED, SO REGISTER EARLY!

Youth Center ~ IMAX and Dave & Buster's ~ February 22, 2012

Fee: \$40.00 (Activity #: 1509 sec. 7)

NAME: _____ **GRADE:** _____

ADDRESS: _____ **PHONE:** _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, Bear Mountain State Park, and its employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

E-Mail Address: _____
(For receipt/Dept. purposes only)

Signature of Parent or Guardian

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard / VISA **

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks). ** Credit Card information below is shredded after processing.

DATE: _____ **AMOUNT:** _____ **RECEIPT#:** _____

Credit Card #: _____ **Exp. Date:** _____ **Cardholder Signature:** _____