



Carnival Day Station Registration

Organization Name: _____

Organization Address: _____

Contact Name: _____

Phone Number: _____ **Email Address:** _____

Number of Volunteers attending: _____

(To be sure we have enough equipment at your station)

Equipment needed from Clare Recreation: _____

(such as tables, chairs, electricity, etc)

Please do not begin building your game before getting confirmation from recreation staff. We will review registrations and try to avoid multiples of the same game being offered.

The following information may be included in marketing and event day materials such as maps and information guides.

Carnival Station Name: _____

Description of activity: _____

Demographic: (what ages and abilities will be able to participate in your game? Are those with physical limitations able to participate?) _____
