Paint the Town 2023 Saturday, September 16th • 12pm to...

Registration/bag pickup has moved to the drive next to the

American Legion- 306 East Main. Look for banner.

REGISTRATION FEES Early Registrations - \$20.00 per painter After 4 pm Thursday September 14th - \$25.00 per painter

1	NOTE	1 Registration	Form secures	1	square	
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2. Participants may register to reserve adjacent squares. To do so, submit registrations together. (Multiple checks will be accepted)

- 3. Squares are limited and filled on a first come, first served basis.
- 4. Appointment of squares is FINAL.
- 5. Please make checks payable to: CAPA

WAYS TO REGISTER

Mail Registration and Payment CAPA P.O. Box 45 Morrison, IL 61270 Drop off Registration and Payment City of Morrison 200 West Main Street Morrison, IL 61270

LOCATION PREFERENCE - (see map online) You are not guaranteed any of these locations. First come, first come basis.

1st choice: 2nd choice: 3rd choice:

Register Online

www.paintthetownmorrison.com Go to "Registration" page. You will be redirected to Eventbrite.

Questions? Please call (815) 772-7657 (City of Morrison) or visit us on the Web at www.paintthetownmorrison.com

Painter: (Remember your **group name** at the registration table to pick up paint supplies for your square) If you are registering multiple squares for a group with more than one last name please **choose ONE first & last name** to be used to pickup supplies for all squares - see right side.

Group Name (First & Last) Give to Registration Day of the Event: _____

 Painter's Name
 Age
 Phone #

 Email
 City
 State

Paint the Town nor CAPA will NOT release your information to a second party. We will use for future registration notices and event news.

Participant consent, waiver and release of liability

Registration will not be accepted without signature and payment of appropriate fee. In consideration of accepting this entry, I waive and release any and all rights and claims for damages I may have against anyone associated with this event, their representatives and successors. I further waive all rights and claims to any and all injuries suffered by me in this event. I will additionally permit the free use of my name and pictures in multimedia and promotional material, including website, and social media sites. This entry is invalid unless signed.

Signature	of Particip	oant OR Parent	Date											
Circle One Below:														
YOUTH XS	SM	MED	ADULT SM	MED	LG	XL	2XL`	3XL	4XL					

FORM

REGISTRATION

GROUP #

SQUARE

For office use only.