

***Write that Story***  
***Saturdays, July 14-August 4***  
***Tonganoxie Public Library (Community Room)***

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Would you like to join our Online Newsletter Group?

YES    NO    Already a Member

Email Address \_\_\_\_\_

**Please make checks payable to: TRC**  
**Program Fee: \$40**

I hereby state that I understand and agree with the above described activity and policies, and that the above said individual has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission & U.S.D 464, their employees, volunteers, or agents from any claim that the said individual might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said individual to participate in the described activity.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Tonganoxie Recreation Commission  
521 E. 4<sup>th</sup> Street or mail to P.O. Box 479  
Tonganoxie, KS 66086  
913.845.3502  
[www.tongierec.org](http://www.tongierec.org)