

Hackensack Recreation Sponsors
After School 2011 Fall Ice Skating Lessons

at
ICE HOUSE

FOR BEGINNER AND INTERMEDIATE SKATERS

Open to all students K-8

- Dates: 4 WEEKS from 4pm to 5pm on Fridays
Dates-Friday-October 7, 14, 21 & 28
- Time: Lesson Time: 4:00-4:30 p.m. on private ice
Practice Time: 4:30 -5:00 p.m. on private ice
- Cost: \$60.00 per student for 4 Weeks
- Price includes:
- Admission
 - Skate Rental
 - Half hour Lesson
 - Half hour practice (Parents, siblings, friends may join the practice at a discounted rate).
 - T-Shirt (*MUST BE WORN AT EVERY LESSON... OVER YOUR CLOTHES*)

DEADLINE FOR REGISTRATION: Monday Oct.3, 2011
Register at...ICE HOUSE 201.487.8444 EXT.210-Yvette
111 Midtown Bridge Approach, Hackensack, NJ
Make checks payable to: ICE HOUSE
(Phone registration accepted with Credit Card)

(Limited Registration! Sells Out Quickly! Please register early!!)

Class# 10711

DRAMA-CISE

THE HACKENSACK RECREATION CENTER

&

BLOSSOM SISTERS FOUNDATION

Presents a 6 week session in the Fundamentals of Acting

Space is Limited. Registration is on a first come basis

Cost \$65.00

**Weekly Classes from Oct 19-November 30th
Registration Ends Friday, October 14, 2011**

Session 1: Wednesday 5:30 pm – 7:00 pm, Ages 7-10

Session 2: Thursday 5:30 pm - 7:00, Ages 11-14

A Performance will be held at the end of the session

Child's Name: _____ Age: _____

Address _____ Grade: _____

Parent/ Guardian _____ Phone #: _____

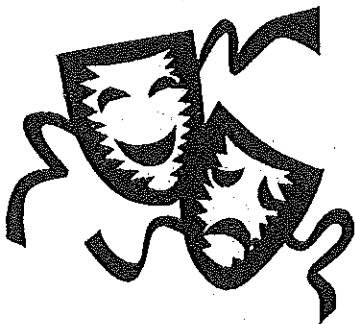
Email Ad _____

Register at Hackensack Recreation Center

**116 Holt Street
Hackensack NJ
201-646-8041**

Or Contact

**Blossom Sisters Foundation
(201) 923- 5498.**



**Classes will be held in the Auditorium of
Fanny Meyer Hillers School
56 Longview Avenue
Hackensack NJ 07601**



Date: _____ Receipt #: _____ Cash: _____ Check #: _____ By: _____

**HACKENSACK JR. SOCCER ASSOCIATION
2011 FALL REGISTRATION**

P.O. BOX 2062 SOUTH HACKENSACK , NJ 07601



\$ 60.00 PER CHILD Non Refundable

PLAYERS NAME: _____ DATE OF BIRTH: ___/___/___

ADDRESS: _____ AGE: _____

GRADE September 2011: _____

PHONE #: _____ E-MAIL: _____

CELL: _____

CHECK ONE: BEGINNER: _____ INTERMEDIATE: _____ ADVANCED: _____

CIRCLE ONE: UNIFORM SIZES: (YS) (YM) (YL) (AS) (AM) (AL) (AXL)

**ALL PARENT/GUARDIAN'S ARE ESSENTIAL TO THE SUCCESS OF THE
SOCCER PROGRAM**

PLEASE CIRCLE ONE

(HEAD COACH) (ASSIST COACH) (CONCESSION STAND)

VOLUNTEER'S NAME: _____ PHONE _____

MEDICAL RESTRICTIONS / ALLERGIES: _____

EMERGENCY CONTACT NAME & PHONE NO: _____

**I HEREBY CERTIFY THAT THE PLAYER NAMED ABOVE IS IN SOUND PHYSICAL
CONDITION TO PARTICIPATE IN THE HACKENSACK JUNIOR SOCCER
ASSOCIATION LEAGUE.**

PARENT/GAURDIAN'S SIGNATURE _____ DATE _____

RECEIPT #

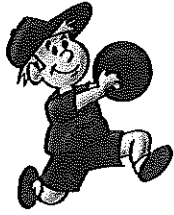
CHECK #

CASH

REC'd BY

MAKE CHECKS PAYABLE TO: HACKENSACK JUNIOR SOCCER ASSOCIATION
REGISTRATIONS WILL BE ACCEPTED AT THE M & M BUILDING 116 HOLT ST. OR
MAIL CHECKS TO P.O. BOX 2062 SOUTH HACKENSACK, N.J. 07606

**Games will be played on Saturdays ages 5-8
Some weekday games for 9 and up
Season starts end of September**



A Program To Get Young Bowlers Rolling!

SPONSORED BY HACKENSACK RECREATION

Dear Parent/Guardian:

The Hackensack Recreation Department is sponsoring a weekly bowling program for all boys and girls between the ages of four and fourteen, and interested adults. This program will be held at Bowler City lanes in Hackensack.

4 PROGRAMS TO CHOOSE FROM

<p><u>Weekday Youth Programs</u></p> <p>1. Wednesday September 21st, at 4:00 PM Or</p> <p>2. Thursday September 22nd, at 4:00 PM 2 games - \$8.00 per bowler per week</p> <hr/> <p>3. Saturdays at 10 AM, Starts September 10th, 2011 Juniors (3 games) - \$10.00 Per Bowler Per Week Bumpers only (2 games) - \$8.00 Per Bowler Per Week Starts September 24th \$2.00 Absent Fee Pizza & Trophies At The End Of Season</p>	<p><u>Adult - Youth Programs</u></p> <p>4. Sunday at Noon PM Sunday starts September 11th, 2011</p> <p>Bumpers (2 games) - \$15.00 Per Team Per Week Juniors (3 games) - \$20.00 Per Team Per Week \$2.50 Absent Fee</p> <p>Awards Party</p>
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• *Weekday and Saturday Youth Programs 3 Bowlers Per Team and Sunday Adult Youth 2 Bowlers Per Team.*

• *Register As An Individual Or With Friends.*

SPECIAL FEATURE a Bumper League for youngsters 4-7 years old. Up to 3 Bowlers on a team.

If you would like your son and/or daughter to participate in this program, please fill out the registration form and return it to Bowler City, 85 Midtown Bridge Approach, Hackensack, NJ 07601 – Attention: Junior Department.

If there are any questions regarding this program, or to register over the phone please call Bowler City at (201) 343-3545. Fax (201) 343 – 0621.

Please Register My Son / Daughter For The Hackensack Recreation 2011 Weekly Bowling Program

Please Check One:

1. Wednesday Youth Program () 2. Thursday Youth Program () 3. Saturday Youth Program ()
4. Sunday Adult/Youth Program ()

Name _____ Sex _____ Age _____ Birthdate(Important) _____

Address _____ City _____ St _____ Zip _____

(Check One): Bumpers () No Bumpers () Phone # _____

Adult's Name (for adult/youth only) _____ Address _____

Youth Teammates Names If Known: _____ Phone # _____

2.Name _____ Sex _____ Age _____ Birthdate(Important) _____

3.Name _____ Sex _____ Age _____ Birthdate(Important) _____

4.Name _____ Sex _____ Age _____ Birthdate(Important) _____

Mail, Drop off, or fax to Bowler City: 85 Midtown Bridge Approach, Hackensack, NJ, 07601 fax: (201) 343-0621

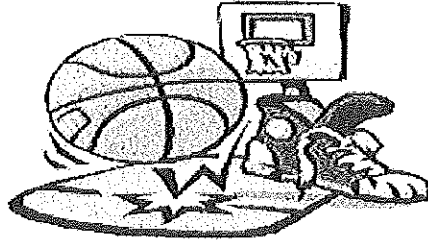
It's Time Again !!!!!

Hackensack Youth Basketball 2011/12

Hackensack Recreation Dept.
116 Holl Street
Hackensack NJ. 07601
201-646-8042

FEE: \$ 65.00

Deadline: October 31,2011



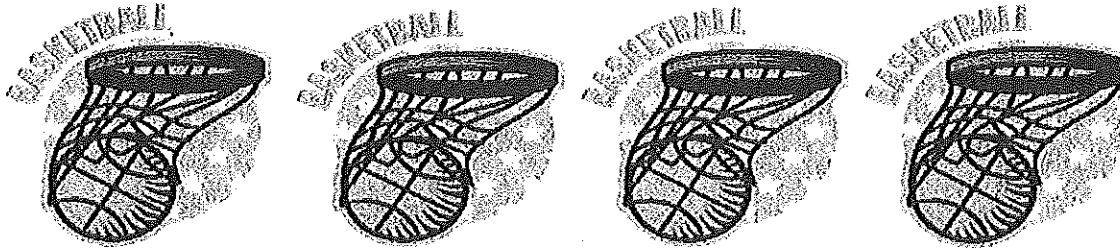
Childs Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Grade: _____

Parent/ Guardian Name: _____ Phone # : _____

Emergency Contact: _____ Phone # : _____

Any Medical Restrictions / Allergies : _____



Please Check One : Age as of January 1,2012

5 yr. Old: _____ 6yr.old: _____ 7&8 yr.old Coed: _____

* Boys (9 & 10) _____ * (11 & 12) _____ * (13 & 14) _____

*Girls (9 & 10) _____ *(11 & 12) _____ * (13 & 14) _____

Please Check One : Uniform Size

(YS) _____ (YM) _____ (YL) _____ (AS) _____ (AM) _____ (AL) _____

Please Check One : I would like to Volunteer as :

Coach : _____ Asst. Coach : _____ Concession Stand : _____

I hereby certify that the individual name above is in physical condition to participate in HYB

Parent Signature: _____ Date: _____

Make check payable to the City of Hackensack

Date: _____ Receipt # : _____ Cash : _____ Check # : _____ By : _____

Note : * Ages will be playing other Local Towns & will be traveling to those locations at times.