

(330) 499-0000

CAMP RE-USE IT!

Children in 1st-9th Grades are invited to attend a **FREE** recycling camp presented by the Plain Township Parks & Recreation Dept., and the Stark Solid Waste District. We want **YOU** to join us for a week of games, crafts, and recycling **FUN!**

Vermicomposting

- Create a home compost pail
- Learn why worms are nature's recyclers
- Make a planter out of recycled plastic bottles
- Consume worm compost cups

Household Hazardous Waste Recycling

- Find out how to read and interpret HHW labels
- Produce safe, natural alternatives to HHW
- Understand the dangers HHW can have on our bodies and the environment with fun projects

What Are Polymers?

- Learn why all plastics can't be recycled in Ohio
- Make synthetic polymers
- Be able to distinguish between 7 types of plastic
- See all we can do with recycled plastic containers

What is Sustainability?

- Learn the importance of natural resources
- Discover how you can reduce consumption
- Find out if all packages are created equal
- Paper making and the recycling process

COME LEARN WITH US AT:

DIAMOND COMMUNITY ROOM

2782 DIAMOND STREET NE, CANTON



July 20 - 24, 2009

9:30 AM - 12:00 PM

REDUCE, REUSE, RECYCLE, AND RETHINK!

THERE'S NO TIME TO **WASTE! REGISTER TODAY!**

PLAIN TOWNSHIP PARKS & RECREATION DEPARTMENT

www.plaintownship.com

MAIL THIS FORM TO:

2600 Easton Street NE, Canton, Ohio 44721



Plain Township Parks & Recreation Department

CAMP RE-USE IT
REGISTRATION FORM

Child's Name: _____ Age: _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ E-mail: _____

EMERGENCY INFORMATION—PLEASE LIST ANY/ALL NUMBERS TO ASSURE CONTACT CAN BE MADE!

In case of an emergency, please contact:

(Name of Contact Person) (Relationship to Child) (Phone Number)

(Name of Contact Person) (Relationship to Child) (Phone Number)

In the event that someone cannot be reached in case of a medical emergency, please indicate hospital of preference: _____

Is there anything you would like to tell us about your child? (medical conditions, allergies, special needs, etc.): _____

In consideration of participation of my child/children in the Plain Township Recreation Program I hereby for myself, my heirs, executors and administrators, do release and discharge the Plain Township Trustees and all persons officially connected with the Recreation Program from and against all damages or actions which might arise from participation in the recreation program activities.

Signature of Parent/Guardian

Date