All Cookie Dough & Soup Orders Due!!!

Just a reminder that all orders are due by next Wednesday, October 28th!

WE HAVE EXTENDED THIS FUNDRAISER UNTIL NEXT FRIDAY, NOVEMBER 6th! WE ARE HOPING TO GET FREE SHIPPING!!

- Checks make payable to: HMS – SAF (HMS Student Activity Fund).

Otis Spunkmeyer Cookie Dough
- 2.5 1b TUB of Pre-Portioned cookies - FROZEN
- Makes 36 1 oz. Cookies (1 year freezer)

Soul Warming “Soup Bags”(a product of Blount Fine Foods)
- FROZEN “Soup Bags” are sold to local restaurants
- Keep Frozen until ready to serve (1 yr. in freezer, 3-5 days refrig.)
- Ingredients & Nutrition go to: www.soulwarmingsoups.com

You will be notified of the date and time prior to delivery.

Any questions, please contact Gianna Stebbins@860-218-4904
Please make sure that your order matches your money.

AS ALWAYS, THANK YOU FOR YOUR SUPPORT!!!!
Please join us for the 24th Annual Connecticut Children’s

BOOK FAIR

November 14 & 15, 2015
Saturday & Sunday from 10:00am to 5:00pm
Rome Ballroom, South Campus, University of Connecticut

Authors and Illustrators
Aaron Becker, Jeanne Birdsall, Sophia Blackall, Elisha Cooper, Brian Floca,
Tommy Greenwald, Sandra Horning, Alan Katz, Cynthia Lord, P.J. Lynch,
Emily Arnold McCully, Ross MacDonald, Barbara McClintock, Florence
& Wendell Minor, Spencer Quinn, Anne Rockwell, Lizzy Rockwell, Sergio
Ruzzier, Stephen Savage, Huck Scarry, Jane Sutcliff, Pamela Zagarenski

Sing A-Longs, Crafts, Stories, and special guests Junie B. Jones,
Pete the Cat, and...Clifford the Big Red Dog.

For more information – 1-800-U-READ-IT
bookfair.uconn.edu
Facebook @CTChildrensBookFair or Twitter @CTKidsBookFair

A project of the UConn Co-op Bookstore at Storrs Center
& the UConn Libraries.

Illustration from Richard Scarry’s Best Lowly Worm Book Ever (c) 2013
by The Richard Scarry Corporation.
October 26, 2015

Dear Parent or Guardian of Hall Memorial Students:

The Hall Memorial School yearbook committee is pleased to announce the 2016 yearbook, bursting with photos, student portraits, activities, highlights, and of course, space for special autographs. The smiles and memories of your student’s year at Hall Memorial School will be remembered forever in a yearbook.

This will be a great memory of your middle school years that you can look back at. You can see how you have changed over the years.

HALL MEMORIAL SCHOOL’S 5th COLOR YEARBOOK, AT A LOW FEE!!!

Make sure your student doesn’t miss out on this opportunity! To order a yearbook(s) for your student(s), please complete and return the enclosed Yearbook Order Form. We will accept “Early Bird” yearbook orders through December 23rd, specially priced at $20.00. After that time, the regular price of the book will be $22.00.

We all look forward to a wonderful year—and an equally wonderful yearbook!

Sincerely,

Deborah Ostien
Hall Memorial School Yearbook Advisor

P.S. Calling all photographers!
If you have snapshots of students and school activities that you want to be considered for this year’s book, please send them to the school in care of “The Yearbook Committee.” Thank you! dostien@willingtonct.org is my email
Hall Memorial School
Yearbook Order Form

Please print all information. Early Bird Deadline 12/23/15

Student’s Name ____________________________________________

Grade and Homeroom _______________________________________

Signature __________________________________________________

Enclosed is a check for: $20.00 $22.00

***Please make checks payable to: Hall Memorial School.

***Early Bird cost is $20.00. If you miss the deadline it will cost you $22.00.

***Please return this form to Mrs. Ostien in Room 102.

Thank you for supporting our school!
WILLINGTON PTA’s
ELECTION DAY BAKE SALE
Tuesday, November 3, 2015 at Town Hall
6am – 6pm
(or until we run out of baked goods, whichever comes first)
All proceeds to benefit the
Willington Scholarship Foundation!

WE NEED YOUR HELP! If you are able to
donate your time and/or talents,
please click on the link below and sign
up to help at our table and/or bake up
some goodies! THANK YOU!
https://docs.google.com/spreadsheets/d/1m72CKcjRvX3hIP_HWJSZIr4AFZohbh
dePVi37pcTx8E/edit?usp=sharing

Questions?
Carrie-Ann Kelley at ckelleypta@gmail.com or (860) 965-0939
Mr. Magic Show
Saturday
October 31st
1:00 PM

Enjoy a magical afternoon with Mr. Magic (aka Rich Rothstein). He will amaze and astound ages 2 to 102 with mesmerizing spectacles and spellbinding entertainment!

Willington Public Library
7 Ruby Road, Willington 860-429-3854,
willingtonpubliclibrary.org
Willington Parks and Recreation
2015-2016 Youth Basketball

REMINDER:

EVALUATIONS/TEAM SELECTIONS ARE LISTED BELOW FOR YOUR CHILD’S AGE GROUP. IF IT IS NOT LISTED, ONLY ONE TEAM HAS FORMED.

Please have your child bring a basketball and water bottle.

**October 31st**
Girls 5-6: 1:00pm
Boys 3-4: 2:00pm
Boys 5-6: 3:00pm

**November 2nd**
Boys 7-8: 6:00pm

Your child must be registered in order to participate.

Teri Gareau, Parks and Recreation Director.
(860) 487-3108, tgareau@willingtonct.org
Willington Parks and Recreation
2015-2016 Youth Travel Basketball Information

Willington Parks and Recreation Department is pleased to offer a boy’s grade 6-7 travel basketball team opportunity with the North Central Connecticut Travel Basketball League.

Coaches are Dave Giller and Steve Davis

Games are played mostly on weekends with one practice during the week. Games begin the weekend of 12/5. Tournaments to follow season-TBD.

About the Program

Tryouts for this team will be held on 10/30 at the Hall Memorial Gym from 6:00pm-7:00pm. Players please bring a ball to tryouts. Parents must have signed registration form brought to tryouts and must remain during tryouts. Payment must be made immediately following acceptance to the team on 10/30.

Fees: $170.00-$190.00 depending on the number of players selected

***Players chosen for the Travel Team will be required to play on a Recreation team as well to help maintain a reasonable amount of players in the Recreation program and to help keep the Recreational teams competitive.

Program Philosophy

It is expected that players will do their best at all times and avoid negative remarks (or gestures) to any player, and act in a sportsmanlike manner always, win or lose. All participants shall treat one another with dignity and respect. Be generous when you lose; be gracious when you win.

Please make checks payable to: Willington Parks and Recreation Department or WPRD
Please Print Clearly
Use a Separate Form for Each Child

Child’s Information

Child’s Name: ______________________________________
Grade: ____________________________________________
Tee Shirt Size: (please circle) YM YL AS

Date of Birth: __________________________
Address: ________________________________________
Home Phone: ______________________________________
Allergies, Meds, Other Info: _________________________

Primary Household Contact (Parent/Guardian) Secondary Household Contact (Parent/Guardian)
Name: ____________________________________________
Address: _________________________________________
Town: ______________ Zip: __________
Phone: (H) ______ (W) _____ (Cell) _____________

Email Address: ________________________________

Local Emergency Contact (Other than parent/guardian, i.e. grandparent, neighbor, etc.)
Name: _________________________________________
Phone: _________________________________________

For Signature

I, the undersigned, by registering myself or my child in the town’s programs/trips understand the nature and risks associated with the participation in this activity. I hereby grant my child permission to participate. I am aware that participation is at one’s own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program. Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I certify that the information contained on this form is accurate and complete.

Player, Parent or Guest Code of Conduct:
Any person who is using alcohol or illicit drugs and/or appears to be intoxicated or under the influence, or who is flagrantly rude, attempts to intimidate, verbally abuse or uses vulgarity or profane language/gestures with an official, coach, or player will be asked to leave the program or game immediately. Any person who commits the above offenses a second time will be banned from any and all programs for a period of one year from the date of the second offense. Any person who physically assaults another player will be immediately removed from program and will be banned for one year from the time of the offense.

Parent/Guardian Name (Please Print): ______________________________________
Parent/Guardian Signature: ________________________________________________

Office Use Only: Check_____ Cash (in office only) _____Amount Paid _____Date Paid _____
Willington Parks and Recreation
2015-2016 Youth Basketball

Recreational Basketball features basic skills, dribbling, passing, shooting, good sportsmanship, and fun! All games and practices are at the Hall School Gym. Registration deadline is 10/31; teams are final after assessments.

About the Program

**Instructional League:** Grades 1 and 2 (Registrations accepted until 12/4)
Sessions begin Saturday 12/5 and continue through 1/30. 8:00 am - 9:00 am (no session on 12/26)

**Grades 3-8:** Games are played on Saturdays beginning 12/5 (no games 12/26) and the last season game is 2/13; Tournament play will begin immediately following season-TBD.

**COACHES ARE CURRENTLY NEEDED FOR ALL LEVELS FOR THE BOYS!**
Please email me if you are interested in coaching. Evaluations/team selections will be held on 10/31. Times will be sent out in an email to all those registered and through the digital backpack.

Practices begin Monday, November 2nd. Coaches will email you the exact day and time.

**Fees:**
Instructional (Grades 1-2) $50.00 per player (8 weeks)*
Grades 3-4 $70.00 per player* (shooter shirt given)
Grades 5-8 $80.00 per player* (Reversible jersey provided)
Grades 9-12: A separate registration form will come out in November.

* $225.00 family maximum

Reversible tanks must be returned to your coach at the last game or a $20 fee will be assessed.

Program Philosophy

It is expected that players will do their best at all times and avoid negative remarks (or gestures) to any player, and act in a sportsmanlike manner always, win or lose. All participants shall treat one another with dignity and respect. Be generous when you lose; be gracious when you win.

**PARENTS**

Volunteer parents are needed to help with keeping the book, cleaning bleachers, sweeping floor and picking up bathrooms. Please remember no food or drink besides water is allowed in the gym. Please keep siblings in the bleachers with you and not wandering the gym or entry way. Together we can have a successful program!

**Please make checks payable to:** WPRD and mail to Parks & Recreation Department, 40 Old Farms Road, Or drop off at the Parks and Recreation Office during normal business hours or drop in the tax collector’s box outside of the building.

Willington Parks and Recreation policy is that all children should have the opportunity to participate in sport programs. Registration fees maybe reduced due to financial need. If you are experiencing a financial hardship this season contact Parks and Recreation Director, Teri Gareau at tgareau@willingtonct.org or call (860) 487-3108.
Please Print Clearly
Use a Separate Form for Each Child

Child’s Information

Child’s Name: __________________________
Sex (Circle One) Male Female
Grade: ________________________________
Tee Shirt Size: (please circle) YM YL
Date of Birth: __________________________
AS AM AL AXL
Address: ______________________________
Home Phone: __________________________
Allergies, Meds, Other Info: ________________

Primary Household Contact (Parent/Guardian) Secondary Household Contact (Parent/Guardian)
Name: ____________________________
Address: ____________________________
Town: __________________ Zip: ______
Phone: (H) _______ (W) _______ (Cell) _______
Email Address: _______________________

Communications will be through email.

LOCAL Emergency Contact (Other than parent/guardian, i.e. grandparent, neighbor, etc.)
Name: ____________________________
Phone: ____________________________

For Signature

I, the undersigned, by registering myself or my child in the town’s programs/trips understand the nature and risks associated with the participation in this activity. I hereby grant my child permission to participate. I am aware that participation is at one’s own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program. Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent. I certify that the information contained on this form is accurate and complete.

Player, Parent or Guest Code of Conduct:
Any person who is using alcohol or illicit drugs and/or appears to be intoxicated or under the influence, or who is flagrantly rude, attempts to intimidate, verbally abuse or uses vulgarity or profane language/gestures with an official, coach, or player will be asked to leave the program or game immediately. Any person who commits the above offenses a second time will be banned from any and all programs for a period of one year from the date of the second offense. Any person who physically assaults another player will be immediately removed from program and will be banned for one year from the time of the offense.

Parent/Guardian Name (Please Print): ____________________________

Parent/Guardian Signature: ____________________________

Office Use Only: Check _________ Cash (in office only) ______ Amount Paid ______ Date Paid ______