

**CRANBURY SENIOR CENTER
2020 YEARLY REGISTRATION FORM**

**PLEASE PRINT CLEARLY
(ONE FORM PER PERSON)**

First Name _____ **Last Name:** _____

Telephone Number: _____ **Cell#:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Telephone Number: _____ **Cell#:** _____

It is understood I will not hold Cranbury Township, its employees, or volunteers responsible for any injury or illness which may occur during my participation in any trip or activity sponsored by Cranbury Township for the Cranbury Seniors.

Signature

Date

If a change occurs in any of the above information, it is the responsibility of each individual to ensure the form is updated. Forms are available at the Cranbury Recreation Department located in the Main Office in Town Hall.

Please Return all completed forms to:

The Cranbury Recreation Department, 23A North Main Street, Cranbury, NJ 08512