



Hudson Senior Center Registration



So that we may better serve you, we ask that all Seniors who actively partake of the programming offered by Hudson Senior Services provide us with the following information.

General participation is \$10 per year. (Checks made payable to: Town of Hudson)

Please complete this form and return it to the front desk of the Senior Center

Please **PRINT**:

Date: _____

First Name :	Nick Name:	Middle Initial:	Last Name:
Street Address including Apartment/Unit Number if Applicable or Post Office Box:			
City:	State:	Zip Code:	
Phone Number: ()	Email Address:	Gender :(circle) M F	Date of Birth:
Name and Activities or hobbies desired on Name Badge:			Vial of Life <input type="checkbox"/> Given Form <input type="checkbox"/> Turned In
<p>To receive the newsletter, would you prefer to (choose one): <input type="checkbox"/> Pick-up at Center <input type="checkbox"/> Email</p> <p>What motivated you to come in today? _____</p> <p>Activities and Programs you want to participate in: _____</p> <p><i><u>If there is a second person at the same address to participate, please enter the name below:</u></i></p>			
First Name of second member	Nick Name	Middle Initial	Last Name
Email Address	Gender (circle) M F		Date of Birth
Name and Activities of Hobbies desired on Name Badge			Vial of Life <input type="checkbox"/> Given Form <input type="checkbox"/> Turned In
<p>What motivated you to come in today? _____</p> <p>Activities and Programs you want to participate in: _____</p> <p>_____</p>			

For Office Use Only: Date: _____ Database 1 2 ID 1 2 3 Paid \$ _____ Ck # _____ VOL ___ O _____