



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, please make checks payable to Town of Hudson
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: <input type="checkbox"/> M <input type="checkbox"/> 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

To receive the newsletter, would you prefer to (choose one): Pick up at Center Email

What motivated you to come in today? _____

Activities and programs do you want to participate in: _____

if there is a second person at the same address to participate, please enter the name below:

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: <input type="checkbox"/> M <input type="checkbox"/> 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

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