

# HUDSON SENIOR CENTER

## Registration Front Page



Name(s): \_\_\_\_\_

ID Number(s): \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

### **CAR INFORMATION**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Plate Number: \_\_\_\_\_

### **SENIOR CENTER REGISTRATION FEE**

Year: \_\_\_\_\_ Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

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Office Use: