

EWING SENIOR & COMMUNITY CENTER ADULT GYM AND WEIGHT ROOM PROGRAM REGISTRATION FORM

Registration: Registrations will be taken or mailed to the Ewing Senior & Community Center, 999 Lower Ferry Road, Ewing Township, NJ 08628. Phone: (609)-883-1776. A Resident is considered a person who lives or pays taxes in Ewing Township.

MEMBERSHIP FEES

<u>RESIDENTS</u>	<u>Month/Year</u>	<u>NON-RESIDENTS</u>	<u>Month/Year</u>
Family(3 or more) _____	\$45/\$500	Family(3 or more) _____	\$55/\$600
Family (2 people) _____	\$40/\$400	Family (2 people) _____	\$50/\$500
Adult(18&over) _____	\$30/\$300	Adult(18&over)_____	\$40/\$400
Child (U-17 or FTS)_____	\$20/\$200	Child(U-17 or FTS)_____	\$30/\$300
Senior(over 60) _____	\$20/\$200	Senior(over 60) _____	\$30/\$300
Senior(2 or more)_____	\$30/\$300	Senior(2 or more)_____	\$40/\$400

FTS - Full Time Student

Please make all checks/money orders payable to: **Ewing Recreation Department.**

Programs: The programs that exist are the Early Bird Basketball, Lunch Time Basketball. Programs are cancelled on Township holidays unless posted otherwise. **Guests:** Fee is \$5.00 residents and \$8.00 non-residents per visit. Three visits per month is the maximum for guests. **Seniors:** can exercise between 9:30a.m. – 10:30a.m. daily for free.

COMPLETE BOTH SIDES AND RETURN COMPLETED FORM

Monthly: _____ Yearly Package: _____ Twp. Employee/Family: _____
(Write in month you are paying for) (Check if employee or immediate family)

Name: _____ Age: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Medical Conditions: _____

Emergency Contact: _____ Phone: _____

FOR OFFICAL USE ONLY

Amount Paid: \$ _____ Cash: _____ Check: # _____ Municipay: _____

Received By: _____ Date: _____ Receipt: # _____