

Canton Woods Senior Center

User Information Sheet

Today's Date ____ / ____ / ____

Date of Birth: _____

Last Name: _____

First Name: _____

Street: _____

City: _____

Home Phone: _____

Zip Code: _____

Cell Phone _____

Email: _____

Residency

****If you would like your Birthday published in the Canton Woods Newsletter, you must inform the front desk volunteer.****

Are you a resident of the: Village of Baldwinsville Town of Lysander
 Other? Where? _____ Town of Van Buren

Do you Give Canton Woods staff or their representatives permission to;

Photograph you for new releases or Canton Woods publications or displays? Yes No

Post your name on the community board if you should become ill or hospitalized? Yes No

Share your phone number with fellow Center participants? Yes No

Emergency Contact

Contact Name: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Payment Details

****The Canton Woods Senior Center User Fee will be due annually in January. Thank you for supporting Canton Woods**.**

Payment method: Check Check # _____ Cash

Membership Card

Made: _____

Received: _____

Signature