

NEW YORK CITY DEPARTMENT FOR THE AGING

BIG APPLE SENIOR STROLLERS-2009

REGISTRATION FORM

SITE NAME _____

ADDRESS _____

CITY & ZIP _____

TELEPHONE _____ FAX _____

DIRECTOR _____ DATE: _____

NEW CLUB _____ NUMBER OF MEMBERS _____

EXISTING CLUB _____ NUMBER OF MEMBERS _____

EXISTING CLUBS ONLY: PLEASE ENTER QUANTITIES NEEDED.

PEDOMETERS _____ EDUCATIONAL MATERIALS _____ SIGN-IN SHEETS _____

PERSONS IN CHARGE OF ACTIVITIES:

STAFF PERSON _____

SENIOR VOLUNTEER _____

START DATE _____ DAY & TIME _____

Please return this form by mail or fax to:

New York City Department for the Aging
Health Promotion Services
2 Lafayette Street, 4th Floor
New York, NY 10007
Fax # : 212-442-2228

For more information call Health Promotion Services at **(212) 442-0954**.