



EAST DARTMOUTH COMMUNITY CENTER PROGRAM REGISTRATION FORM

NAME			
MAILING ADDRESS			
PHONE NUMBERS	HOME:	CELL:	WORK:
E-MAIL ADDRESS			
NS HEALTH CARD			EXP DATE:
EMERGENCY CONTACT	NAME:	HOME #	CELL#
PROGRAM	FEE:		
Office Use Only:			
FEE PAID	RECEIPT	STAFF	

GO GREEN! Add me to the EDCC E-mail list so I can receive EDCC information/updates via E-mail.

I understand that I must abide by East Dartmouth Community Center rules. I may be suspended from the program/EDCC if I do fail to adhere to the rules.

Print Name

Sign Name

Date