

Burton Senior Center

3410 South Grand Traverse, Burton, MI 48529
(810) 744-0960

2024 PARTICIPATION APPLICATION AND NEWSLETTER RENEWAL

Please Print Clearly

Required Information

Please complete and return the following personal information for our records. The medical information is for your protection in case of a medical emergency. **A donation is always accepted and greatly appreciated, but is not a requirement for participation.** A monthly newsletter is always included.

Last Name: _____ **Are You A Genesee County Resident** ____ Yes ____ No

First Name: _____ **Spouses Name:** _____

Phone Number: (____) _____ **Cell or Alternate #** _____

Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip Code:** _____

Birthday: ____/____/____ **Spouses Birthday:** ____/____/____

Would You Like To Receive Your Newsletter Via E-Mail ____ YES ____ NO

Must Print Clearly E-Mail Address _____

Physician: _____ **Physician's Phone No.:** (____) _____

Medical Problems/Allergies/Handicaps: _____

Medications/Special Diet: _____

Spouses Physician: _____ **Physician's Phone No.:** (____) _____

Medical Problems/Allergies/Handicaps: _____

Medications/Special Diet: _____

EMERGENCY CONTACTS:

Name: _____ **Relation:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Name: _____ **Relation:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

I understand the information provided above will be kept confidential. In the case of medical emergency, medical information will be released to emergency personnel.

Suggested donation
amount is: \$10 per person
or \$15 per couple
This is Not Required

Signature: _____ **Date:** _____

Donation Amount \$ _____