



CITY OF CEDARBURG
SENIOR CENTER
P.O. BOX 49
W63 N645 WASHINGTON AVENUE
CEDARBURG, WISCONSIN 53012
(262) 375-7644

SENIOR CENTER PROGRAM REGISTRATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Emergency Phone and Name: _____

Reside In: ____ City of Cedarburg ____ Town of Cedarburg ____ Non-Resident

Participant's Name	Sex	Age	Program Name	Class #	Fee

FOR OFFICE USE: CHECK _____ CASH _____ DATE _____ TOTAL _____

Return completed form with payment to: Cedarburg Senior Center, P O Box 49, Cedarburg, WI 53012
Any questions, please call (262) 375-7644.

