D & R CANAL STATE PARK PROGRAM REGISTRATION FORM

Mailing Address: 145 Mapleton Ave., Princeton, New Jersey 08540 Phone: (609) 945-5707 * Fax: (609)

ORGANIZATIC	N
ADDRESS	
PHONE (day)	(eve)
EMAIL	
CONTACT NAM	ME
PHONE (day)	(eve) (cell)
CONTACT EMA	AIL @
PROGRAM:	LOCATION
DATE/	/TIME::(circle one) am
	pm #children (age 6 - 12) x \$1.00 = \$ # adults (age 13 and up) x \$3.00 = \$
	Special program flat fee = \$
TOTAL FEE \$_	payment made in (check one) cash / check* / charge
Make check payable to: Treasurer, State of NJ	
Mail signed for	m and payment to: Program Reservations D & R Canal State Park 145 Mapleton Ave. Princeton, NJ 08540
	<u>Changes to dates/times of program may be made at least one (1) week in advance.</u> All payments are final and non-refundable.
NOTES	

ACCESSIBILITY STATEMENT: It is the policy of the State to provide reasonable accommodations to persons with disabilities upon advance notice of need. Persons requiring accommodations should make request at least 2 weeks prior to program attendance.

AUTHORIZED SIGNATURE ______ DATE_____