D & R CANAL STATE PARK
PROGRAM REGISTRATION FORM
Mailing Address: 145 Mapleton Ave., Princeton, New Jersey 08540
Phone: (609) 945-5707 * Fax: (609)

ORGANIZATION__________________________________________________________________________________

ADDRESS________________________________________________________________________________________

PHONE (day)__________________________________________(eve)________________________________________

EMAIL__________________________________________ @ _______________________________________________

CONTACT NAME__________________________________________________________________________________

PHONE (day) __________________________  (eve ) _________________________  (cell) _______________________

CONTACT EMAIL _____________________________________ @ _________________________________________

PROGRAM:__________________________________________  LOCATION__________________________________

DATE______/______/______TIME: ________:_________ (circle one)  am

FEE
EITHER:  #_____children (age 6 - 12) x $1.00 = $_________

# _____ adults (age 13 and up) x $3.00 = $_________

OR: Special program flat fee = $__________________

TOTAL FEE $_______________ payment made in (check one) ____ cash / ____ check* / ____ charge

Make check payable to: Treasurer, State of NJ

Mail signed form and payment to:  Program Reservations
D & R Canal State Park
145 Mapleton Ave.  
Princeton, NJ 08540

NB: Changes to dates/times of program may be made at least one (1) week in advance.
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________________________