



## EVENT REGISTRATION FORM

For consumer's only! You must be a person with a disability residing in Camden City.

### CONTACT INFO

Name:						
Address:				Apt #:		
City:			State:			Zip Code:
Home #:			Cell #:			
Email:						

### PROGRAM OF INTEREST:

**Children's Programs**

- Joys of Toys for Rae's Kids
- Pajama and Book Giveaway
- Pencil Project
- Spring and Summer Bag Program

**Life Skills**

- Zoom Training
- Drivers Education
- Money Management
- Road to Recovery Program

**Covid-19 Services**

- Masks
- Clothing (Pajamas)
- Food Pantry; **Have you participated in our food pantry in the past?** \_\_\_\_\_

Young Adult Social Program

Other: \_\_\_\_\_

HOUSEHOLD INFO: This section is used for children's programs, skip if it is not applicable.

Child's Name	Age	D.O.B	Grade	Clothe Sizes	Boy or Girl	Notes

Do you have custody of the children listed above? \_\_\_\_\_

### REGISTRATION INFORMATION

Register by phone: 856-966-0800  
 Register by email: [camdenilcevents@gmail.com](mailto:camdenilcevents@gmail.com)  
 Register on our website: [camdenilc.org](http://camdenilc.org)

Person completing the application: \_\_\_\_\_

Date: \_\_\_\_\_

-----Office Use Only-----

Registration Received Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_ YES \_\_\_\_\_ NO

Executive Director: \_\_\_\_\_