MARBLE COLLEGIATE CHURCH

60+ Fellowship Registration Form 2015-16 (Please see reverse side for fee information.)

September 16, 2015-June 8, 2016

Colleen Cosgrove, Director

NAME			
	BIRTHDAY (M/D/Y)		
ADDRESS		APT. #	
CITY	STATE	ZIP	
PHONE (specify types)			
PHONE	EMAIL		
<u>ACTIVITIES</u> : (circle all that app Outings Book Club Art Cl			
When did you join the 60+ Fel	lowship?		
Are you a member of Marble C	Collegiate Church? ((circle one) YES or 1	NO
How often do you attend the F	ellowship each mor	1th?	
EMERGENCY CONTACT INFORMATION (please complete as applicable)			
CONTACT PERSON			
RELATIONSHIPD	AYTIME PHONE		
FULL ADDRESS			
CLERGY NAME AND PHONE			
Contact Colleer	ut membership in th n Cosgrove at 212-6 sgrove@marblechur	686-2770 x 220	

(over)

MEDICAL RECORD

This important information is *optional*, but can be extremely helpful in the event of an emergency. *All information is kept strictly confidential*.

Do you have any medical conditions that should be known about in case of an emergency? (i.e., heart condition, high blood pressure, diabetes, etc.)

Are you taking any medications? If yes, please list.

Are you allergic to any medications? If yes, please list.

Name & number of physician to be contacted in case of an emergency

Hospital preference in case of emergency ____

The 2015-2016 registration is \$20 (scholarships available) or become a Supporting Member with \$25 or more.

Please return this form and your registration fee to:

Colleen Cosgrove, Director 60+ Fellowship Marble Collegiate Church

> One West 29th Street New York, NY 10001

Checks payable to: Marble Collegiate Church

Marble Collegiate Church, One West 29th Street, New York, New York 10001 Dr. Michael Brown, Senior Minister, www.marblechurch.org 212-686-2770

God bless our Fellowship!