

**NEW YORK CITY DEPARTMENT FOR THE AGING**

**HEALTH PROMOTION SERVICES**

**BIG APPLE SENIOR STROLLERS-2014**

**REGISTRATION FORM**

SITE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

NEW CLUB \_\_\_\_\_ EXISTING CLUB \_\_\_\_\_ NUMBER OF MEMBERS \_\_\_\_\_ START DATE \_\_\_\_\_

**PLEASE ENTER QUANTITIES NEEDED.**

PEDOMETERS \_\_\_\_\_ EDUCATIONAL MATERIALS \_\_\_\_\_ SIGN-IN SHEETS \_\_\_\_\_

**WALKING CLUB LEADERS:**

STAFF \_\_\_\_\_

SENIOR VOLUNTEER \_\_\_\_\_

SENIOR VOLUNTEER \_\_\_\_\_

**WALKING CLUB SCHEDULE (REQUIRED)**

DAY(S) \_\_\_\_\_ TIME \_\_\_\_\_

**SAVE THIS FORM AND E-MAIL IT TO *kwatson@aging.nyc.gov***

**PRINT FORM**

**The completed form can also be faxed to (212) 442-2228.**