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TRAVEL FORM

We welcome Travelers of all ages! Please complete this form if you are NOT a member of the Senior Center, so that we have your basic information on file. Our annual membership fee is \$25 per year and entitles you to discounts on travel, programs, and a monthly newsletter mailed directly to your home. Please consider joining as a Senior Center member!

Today's Date: _____

Your Name: _____	Spouse's Name: _____
Date of Birth: _____	Date of Birth: _____
How did you hear about us? _____	How did you hear about us? _____

Your Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PHOTO RELEASE: I give permission to the Chelsea Senior Center to use my photo for the purposes of marketing and publicity. **Please Initial:** You: _____ Your Spouse: _____

EMERGENCY INFORMATION:

Emergency Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

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Home Phone: _____ Cell Phone: _____