

SENIOR GAMES OF WARREN & FOREST COUNTIES 2016 REGISTRATION FORM

Wednesday, June 8th @ Betts Park,

DeFrees Pavilion (by the tennis courts) Check in @ 9 AM



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YOUR NAME		YOUR AGE GROUP: □ 55-67 □ 68-77 □ 78 ^	
ADDRESSCITY, STATE, ZIPPHONE		In case of an emergency on the day of the Senior Games, whom should we contact? NAME	
I verify that I am in go	WAIVE od physical health and am phy agree to be solely responsible	FR OF LIABILITY sically capable of partic	cipating in the Senior Games of Warren & images and expenses incurred by me as a
Signature: Date:		Date:	
I would like to jus Make checks payable check to the Alleghen	ticipate in the games and lu t come for the lunch. e to SENIOR GAMES OF WA	RREN & FOREST CO	s below). OUNTIES and mail this form and your 3365. Registration form and fee must
signed up for this po	that you would like to be s rtion of the form will be re		you remember the events you now you check in at the event.
9:45 AM o 1/2 Mile Walk o 1 Mile Walk	o Table Shuffleboard o Softball Toss o Jarts o Ring Toss	o Corn Hole o Goofy Golf o Frisbee Toss o Croquet	*The Senior Games committee reserves the right to cancel specific events due to low participation. * Seating is available, but limited. Please bring your own lawn chair.

Please only register for 3 events that you want to be scored in, although you may play all the other games for fun that day!