



BROCKVILLE PUBLIC LIBRARY

23 Buell Street, P.O. Box 100, Brockville, Ontario K6V 5T7
Phone: 613-342-3639 • Fax: 613-342-9598 • www.brockvillelibrary.ca

Adult Community Living Program Registration Form

Registration Date: _____

Referring Organization: _____

Participant Information:

Name of Participant: _____

Age: _____ (for statistical purposes)

Please list any allergies or medical concerns that the program facilitators should be aware of:

Home address: _____

City: _____

Postal Code: _____

Home Phone#: _____

Please list your hobbies and interests, or subjects that you would like to learn more information about:

Emergency Contact Information:

Emergency Contact Name: _____

Phone #: _____

Do you consent to the publication of photos taken during the program on Brockville Public Library's website,
and other external media publications? Yes No

Signature: _____

Date: _____