FAIR LAWN AMERICANS WITH DISABILITIES (ADA) ADVISORY COMMITTEE

c/o Borough of Fair Lawn
8-01 Fair Lawn Avenue
Fair Lawn, NJ 07410
ADAcommittee@fairlawn.org
www.FairLawnADA.com

To ensure the safety and well being of all participants at Fair Lawn ADA events, we ask that all guests complete the Registration/Emergency Contact Form (below) and email it to the ADA Committee or bring with you to our next event. Forms will also be available at the registration table at each event.

This is a one-time registration. All information will be kept on hand for participation in future events and will remain confidential.

REGISTRATION FORM

Guest's Name: _____

Date of birth: _____ Current Age: _____

Street Address: _____

City: _____ State_____ Zip_____

Home Number: _____Cell:_____

Email address for future updates _____

Name of Emergency Contact: _____

Relationship to Participant: _____

Home Number: _____ Cell: _____

Please feel free to list any additional information about the participant that would be beneficial for the Committee to have on hand to ensure a positive experience:

_____

_____

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