Bremen Township Senior Lunch Program, Oak Forest, IL

Registration Form

Date:_____

Name: _____

Address: _____City: _____zip: _____

County: _____ Twp: _____ Birth Date: _____

Your Phone: _____

How did you hear about the Bremen Township Senior Café Program _____

Male/Female: M F

Emergency contact Name: _____

Emergency contact DAY phone: _____

Race: (as many as apply)

African American [ ] White [ ] Asian [ ] Hispanic / Latin [ ]

Indian/Alaskan [ ] Hawaiian/Pacific Islander [ ] Other Race [ ]

Ethnicity: Hispanic? Yes / No English Speaking? Yes / No

Note: If Guest has any food allergies, they must notify Café Staff. Thank you.