



RED HOOK COMMUNITY CENTER

59 Fisk Street, Red Hook, New York 12571

APPLICATION FOR MEMBERSHIP

Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Telephone: Cell _____ Home _____ Work _____

Emergency Contact (1)

Name _____ Phone _____

Emergency Contact (2)

Name _____ Phone _____

Insurance Information

Name _____ Policy # _____

Name Issued (parent) _____

Name of School or Workplace _____

Any allergies or medical conditions we should be aware of:

Interests:

Signature _____