

READY FOR THE CASINO? BUS TRIP REGISTRATION FORM

Participant Name:(s)			
Address:	ess:State:Zip:		
City:	State:	Zip: ome: nship Resident:YESNO 17, 2024 Time: <u>10:00am Sharp</u>	
Phone: Cell:		Home:	
Email:	Stillwater To	wnship Resident:YESNO	
Bus Trip Name: Wind Creek	Casino Date: Februar	y 17, 2024 Time: 10:00am Sharp	
Number of passengers:			
Fee: \$32.00_ per person	Total Amt. Paid		
Sometimes bus trips may be notification if this occurs and one under the age of 18 will Every participant must be a	l receive a REFUND. Howeve be Permitted on Casino trips	on of the bus company. You will receive er <u>, if you cancel there are NO REFUNDS</u> . No 5 minutes before departure time.	
The UNDERSIGNED PART Stillwater, through the Recre he/she as registered does h I/WE Agree to indemnify and	eation Commission, providing ereby: d hold harmless the Township	old Harmless Agreement: ardian, in consideration of the Township of bus trips and supervision in the activity for which and their departments and agents against om my participation in said bus trip.	
Signature	ure Date		
MAKE CHECKS PAYABLE	TO: Stillwater Township	Bus will be leaving from	
MAIL/DROP OFF TO: Stillwater Township C/ORecreation Commission 964 Stillwater Road Newton, NJ 07860		Stillwater Municipal Building 964 Stillwater Road Newton, NJ 07860	
Contact: taratosti@gmail.co	m		
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Check #	_ Received by:	Date	
Cash	_		