

TOWNSHIP OF IRVINGTON DEPARTMENT OF RECREATION CHRIS GATLING RECREATION CENTER 285 UNION AVENUE IRVINGTON, NJ 07111

Tel. (973) 399-6597 Fax: (973) 399-6594 Email: www.irvington.net

Donald Malloy Director

20____ ADULT ACTIVITY PROGRAM

Please bring one of the following from each list:

1. Proof of address: PSE&G Bill/ Lease / Valid NJ Driver's License

2. Proof of Age: Birth Certificate/Passport

DAILY ACTIVITY SCHEDULE:

□ ADULT	BASKETBALL LE	AGUE (35 & Older	r): Tuesda	ays 5:30 pm – 7:00 pm	(\$15 / monthly)
□ FITNES	S ROOM (WEIGHT	Γ ROOM): (ages:18	& Older):	Monday – Friday 9:00 (\$ 5/ mon FREE for Seniors ag	thly)
Name:		A	Age:	Date of Birth:	
Address:					
Contact #	Emergency#				
Email:					
	Mone	ey Order *Abs	olutely <u>l</u>	No Refunds *	
	Receipt#:	Received	by:	Date:	

PLEASE NOTE:

Activities are from January to June and then September to December. During the months of <u>July & August</u>, The Chris Gatling Recreation Center's hours of operation are from 9:00 am to 5:00 pm (Monday thru Friday).