staff verified _____

D & R CANAL STATE PARK
PROGRAM REGISTRATION FORM

Mailing Address: 145 Mapleton Avenue, Princeton, New Jersey 08540
Phone: (609) 924-5705 * Fax: (609) 924-6507

ORGANIZATION_____

ADDRESS_____

PHONE (day)_____(eve)_____

EMAIL_____ @ _____

CONTACT NAME_____

PHONE (day) _____ (eve) _____ (cell) _____

CONTACT EMAIL _____ @ _____

PROGRAM:_____ LOCATION_____

DATE_____/_____/_____TIME: _____:_____ (circle one) am pm

PROGRAM FEES

***EITHER*:**	**$25** ***(up to 15 participants)*** **+** ***ONSITE PROGRAM***	#_____ **children x $1.00** *(age 6 - 12)*	=	$_____
	$35 ***(up to 15 participants)*** **+** ***ONSITE PROGRAM***	# _____ **adults x $3.00** *(age 13 and up)*	=	$_____
	$50 ***(up to 15 participants)*** **+** ***OFFSITE PROGRAM***	# _____ **scouts x $2.00**	=	$_____
OR:	**SPECIAL PROGRAM FLAT FEE**		**=**	$_____

TOTAL FEE $_____ payment made in (check one) ____ cash / ____ check* / ____ charge

Make check payable to: **Treasurer, State of NJ**

Mail signed form and payment to: **Program Reservations**
Bulls Island Recreation Area
2185 Daniel Bray Highway
Stockton, NJ 08559

NB: **Changes to dates/times of program may be made at least one (1) week in advance.**
All payments are final and non-refundable.

NOTES/COMMENTS: