## **D&R CANAL STATE PARK** PROGRAM REGISTRATION FORM

Kingston Office Mailing Address: 145 Mapleton Avenue, Princeton, New Jersey 08540

Phone: (609) 924-5705 \* Fax: (609) 924-6507

ORGANIZATION		
CONTACTNANCE		
CONTACT NAME		
PHONE (day)	(eve ) (cell)	
CONTACT EMAIL		
PROGRAM	LOCATION	
DATE/TIME	:(circle one) am	
PROGRAM FEES	pm	
EITHER: \$35 (up to 15 participal of the particip		
\$60 (up to 15 participe OFFSITE PROGRA		_
	ze of <u>up to 15 participants.</u> An additional \$1.00 will be chost of will be charged for each additional adult over 15.	narged for each child over
Minimum group size	of 6 is required.	
OR: SPECIAL PROGRA	M FLAT FEE = \$	
TOTAL FEE \$	payment made in (check one) cash / check* /	charge
Make check payable to: Treasur	er, State of NJ	
Mail signed form and payment to	Program Reservations Bulls Island Recreation Area 2185 Daniel Bray Highway Stockton, NJ 08559	
	/time will be considered ONLY up to 10 days prior to any s	scheduled program.

NOTES/COMMENTS: