

Participant Name:		
Address:		
City:	State:	Zip:
Phone: Cell:		_ Home:
Email:	Stillwater Tow	nship Resident:YESNO
Bus Trip Name: <u>Yankees Game</u> Departure <u>10am</u>	<u>e to Yankee Stadium</u>	Date: <b>August 10, 2024</b>
Number of passengers:		
Bus Fee: <b>\$40.00</b> Per Person	Total Amt. Paid	
cancelled due to the discretion of and receive a REFUND. Howeve of 18 must be traveling with a pa	p/discountedticketprogree with <u>full payment of Bu</u> of the bus company. You er, <u>if you cancel there a</u> arent/guardian. Drop off/ Pick up area	
The UNDERSIGNED PARTICIPAN Stillwater, through the Recreation C he/she as registered does hereby:	T and/or he/her guardian, commission, providing bus narmless the Township an	I Harmless Agreement: in consideration of the Township of s trips and supervision in the activity for which d their departments and agents against my participation in said bus trip.
Signature		Date
Guardian (if under 18)		
MAKE CHECKS PAYABLE TO:	Stillwater Township	

## MAIL/DROP OFF TO:

Stillwater Township C/ORecreation Commission 964 Stillwater Road Newton, NJ 07860 Bus will be leaving from Stillwater Municipal Building 964 Stillwater Road Newton, NJ 07860