



MEMBERSHIP IS REQUIRED FOR ANY BOYS & GIRLS CLUBS CAMP OR PROGRAM.

MEMBER REGISTRATION FORM

Boys & Girls Clubs of Mercer County (1040 Spruce Street, Lawrence, NJ 08648 & 212 Centre Street, Trenton, NJ, 08611)

		Member Last Na	me:	DC	DB:	
Grade:	School:	Male Female:		Ethnicity		
Membership Type		Monthly		Annual		
Youth Program		N/A		\$30		
Teen Progra	m*	N/A			\$30	
Teen Gold*		\$25		\$230		
Family Prog	ram*	N/A			\$80	
*Spruce Street Only		Mem	bership Fee:			
Youth – 3 to 12 years	of age Teen	– 13 to 18 years of age	Family – Childr	en & their guardian	s living in the s	ame househo
Program Membersh	ip – This members	hip entitles you to register	for Club programs	during the year.		
open times for Teens.	. On Monday – Frid	hip allows teens to utilize the ay, there are teen drop-in p	rograms that are fr	ee for Teen Gold me	mbers from 3:0	00 PM - 8:00
school from Ewing, La			ny at significant disc	counts. Free bus trar	nsportation is p	orovided after
school from Ewing, La	awrence and Trento	on high schools.	ny at significant disc	counts. Free bus trar	nsportation is p	rovided after
school from Ewing, La	awrence and Trento	on high schools.				
school from Ewing, La New Member Addit Member Address:	awrence and Trento	on high schools. Required:	_City:	State	:Zip: _	
school from Ewing, La New Member Addit Member Address: Parent Guardian Nar	ional Information me 1:	on high schools. Required:	_City:Work:	State Email:	:Zip: _	
school from Ewing, La New Member Addit Member Address: Parent Guardian Nam Parent Guardian Nam	ional Information me 1: ne 2:	on high schools. Required: Cell:	_City:Work: Work:	State Email: Email:	:Zip: _	
school from Ewing, La New Member Addit Member Address: Parent Guardian Nar Parent Guardian Nam EMERGENCY CONTA	ional Information me 1: me 2: CTS - Please ident	on high schools. Required: Cell:Cell:	_City:Work: Work: e called if you are r	State Email: Email: not available	:Zip: _ :	
school from Ewing, La New Member Addit Member Address: Parent Guardian Nam Parent Guardian Nam EMERGENCY CONTA First Name:	ional Information me 1: ne 2: CTS - Please ident Last N	Cell: Cell: tfy two adults who may be	_City:Work: Work: e called if you are r	State Email: Email: not available Last Na	:Zip: _ : : : : ame:	
school from Ewing, La New Member Addit Member Address: Parent Guardian Nam Parent Guardian Nam EMERGENCY CONTA First Name: Home Phone:	ional Information me 1: me 2: CTS - Please ident Last N	Cell: Cell: Style="block" color: block; colo	_City:Work: Work: e called if you are r First Name:	State Email: Email: not available Last Na	:Zip: _ : : : : : : : :	