

Seniors Spark @Shalom Registration Information

Thank you for your interest in the Seniors Spark Sessions at Shalom Village! All programs are available to seniors and caregivers at **no cost!** Please complete the form below. All information will remain confidential and will be used to help us **spark** the best possible experience for you.

Personal Information

Full Name: _____ Date: _____

Address: _____

City: _____

Postal Code: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Preferred Contact Method (Phone / Email / Mail):

Gender (Male / Female / Prefer not to say): _____

Date of Birth: _____

Age: _____

Do you have any allergies? (No / Yes – please specify): _____

Program Selection – Choose up to 3 programs/activities.

☐ Walkercise

☐ Chair Yoga

☐ Stretch & Strengthen

☐ Caring for the Caregivers Fitness Class

☐ Falls Prevention Program

☐ Health & Hydration Social Meet-Up

☐ Monthly Health Talks

Other or future interests:
