

**DR. EDWARD J. MAHANEY, JR.**  
*Mayor*  
**LINDA ALDRIDGE STEENROD**  
*Deputy Mayor*  
**NIELS S. FAVRE**  
*Councilmember*  
**DAVID C. KURKOWSKI**  
*Councilmember*  
**TERRI L. SWAIN**  
*Councilmember*

**City of Cape May**  
**National Historic Landmark**  
City Hall – 643 Washington Street  
Cape May, New Jersey 08204-2397  
(609) 884-9525 \* Fax: (609) 884-8589  
[www.capemaycity.org](http://www.capemaycity.org)



**DIANE L. WELDON**  
*City Clerk*

**Please return registrations & fees to secure  
a space in our programs or classes to:  
Cape May Civic Affairs  
643 Washington Street  
Cape May, NJ 08204**

**All checks payable to: City of Cape May**



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**City of Cape May  
Department of Civic Affairs  
Registration Form**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DAY PHONE \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PROGRAM DESIRED \_\_\_\_\_ DAY & TIME \_\_\_\_\_  
SEMESTER \_\_\_\_\_ FEE \_\_\_\_\_

**WAIVER FOR PARTICIPANT** - In consideration of accepting my/my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Cape May or school district and it's representatives, successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups.

SIGNATURE \_\_\_\_\_



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SIGNATURE \_\_\_\_\_