

DR. EDWARD J. MAHANEY, JR.

*Mayor*

JACK WICHTERMAN

*Deputy Mayor*

DEANNA FIOCCA

*Councilmember*

WILLIAM H. MURRAY

*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



BRUCE A. MACLEOD

*City Manager*

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**



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

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Home PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ Work/Cell 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 \_\_\_\_\_



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

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Home PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ Work/Cell 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 \_\_\_\_\_