WINONA SENIOR FRIENDSHIP CENTER
251 MAIN STREET
WINONA, MN 55987
(507) 454-5212

_____
First Name **Middle** **Last Name**

_____
Address **City** **State** **Zip Code**

_____ _____
Home Phone **Date of Birth**

_____ _____
Spouse Name **Date of Birth**

_____ _____
Cell Phone **Wedding Anniversary**

_____
E-mail Address

Is Spouse a Member? **Yes**_____ **No** _____

Person to contact in case of emergency: (Preferably not your spouse)

Name:_____

Phone:_____ **Day Time Phone:**_____

I fully understand that the City of Winona and the Winona Senior Friendship Center are in no way liable for accidents, injuries and/or loss of money, clothing, jewelry and other personal items, while at the Center or at any activity held by the Center outside of the building at 251 Main Street.

Signature:_____ **Date:**_____