



Evesham Township

Department of Senior Services

Atlantic City Casino Trip Registration Form

TRIP DATE: _____

TRIP DESTINATION: Resorts Casino, Atlantic City NJ

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ (Cell or Home)

Email Address: _____

Please make checks payable to: **EVESHAM TOWNSHIP**

Mail form and payment to: **EVESHAM TOWNSHIP - Dept. of Senior Services**
984 TUCKERTON ROAD, MARLTON, NJ 08053

Or pay in person at the Gibson House before the trip: Cash, check or credit card

Credit Card # _____

Exp date: _____ CVV #: _____

Check # _____

Sponsored by the: Department of Community Affairs & Senior Services

Gibson House Community Center
535 E. Main Street, Marlton NJ 08053
Call Karen for more info at (856) 985-9792 or
Email at marateak@evesham-nj.gov