

Clovis Senior Activity Center
Business/Non-Senior Informational Form
850 4th St., Clovis, CA 93612 (559) 324-2750
www.cityofclovis.com

Business/Non-Senior Form

Name: (Please print) _____

Business/Organization Name (Optional): _____

Address: _____

City _____ **ZIP Code** _____ **Phone #** _____

Email: _____

PLEASE CHOOSE ONE OF THE OPTIONS BELOW:

I would like the monthly newsletter **mailed to my business address** Yes No

I would like the monthly newsletter **emailed** to my email address above Yes No

I would like to **pick up** the monthly newsletter at the Senior Activity Center Yes No

SIGNED: _____ DATE: _____