



Jerry Eversole, Commissioner

Harris County Precinct 4

Senior Adult Group Information

GROUP NAME:

PRESIDENT

Name:

Mailing address:

(Street/P.O. Box)

(Apt. #)

(City)

(State)

(Zip Code)

Phone #:

(Home)

(Office)

TRIP COORDINATOR:

Name:

Mailing address:

(Street/P.O. Box)

(Apt. #)

(City)

(State)

(Zip Code)

Phone #:

(Home)

(Office)

WHEN DOES YOUR GROUP MEET?

(For example, the first Thursday of each month at 10:30 a.m.)

MEETING LOCATION:

Name:

Address:

TRANSPORTATION PICK UP LOCATION:

(Only needed if different from the meeting location.)

Name:

Address:

TYPICAL ACTIVITIES:

NUMBER OF ACTIVE MEMBERS:

AGE RANGE:

MONTH OF ELECTION:

(Ex. January, 1997)

TERM OF OFFICE:

(Ex. 1 year)

Upon receipt, please return this completed form to:

**HARRIS COUNTY PRECINCT 4
SENIOR ADULT PROGRAM
1731 HUGH ROAD
HOUSTON, TEXAS 77067-1303
(281) 893-3726
FAX: (281) 893-5589**

OFFICE USE ONLY:

Updated: / /

By: _____

Mailed by:

New group

New Coordinator

Replacing current coordinator

Name and Address list required

yes

no