



Montville Recreation Department
Mentor Program for
Children with Special Needs

Name of Mentor:						
Date of Birth:						
Address: _____ _____						
Telephone:						
School:	Grade:					
E-mail Address:						
Emergency Contact Name & Telephone #:						
Circle t-shirt size						
YS	YM	YL	AS	AM	AL	AXL

Please write any medical issues or limitations you may have:

You can either mail the completed form to: Pathways' Mentor Training • 55 Madison Avenue, Suite 400 • Morristown, NJ 07960 or drop it in the Payment Drop Box at the Municipal building in an envelope marked "Recreation / Pathways". Please make check payable to *Pathways' for Exceptional Children*.

<i>For office use only</i>	
Registration/Payment Received	Training Completed _____
Cash Check Check # _____	Certificate _____
Confirmation Sent _____	T-shirt Issued _____