

COMMUNITY ORGANIZATION/BLOCK CLUB REGISTRY

Name of Organization: _____

Type of Organization: Block Club Community Organization
 CDC Other _____

Mailing Address of Organization: _____

Boundaries of Organization: _____

Telephone Number: _____

E-Mail Address of Organization: _____

Website of Organization: _____

Contact Person Name & Title: _____

Contact Person Address: _____

Contact Person E-Mail: _____ Contact Person Telephone: _____

Alternative Contact Person & Title: _____

Alternative Contact Person Address: _____

Alternative Contact Person E-Mail: _____ Alternative Contact Telephone: _____

Date Completed: _____