



OAKTOWN PEN PAL PROGRAM APPLICATION

North Oakland Senior Center

5714 Martin Luther King Jr Way, Oakland, CA 94609

Name: _____

Address: _____

City: _____ State: CA Zip: _____

Home: _____ Cell: _____

Email address: _____

By completing and signing this application, you are agreeing to:

- Sharing your address with your pen pal.
- Keeping your pen pal a secret (we are only providing initials of your pen pal).
- Writing 5 letters over the next 10 weeks (1 letter every 2 weeks).
- Addressing the writing prompts that will be provided upon joining.
- Notifying the Center if you are no longer interested.

Signature

Date

*** FOR OFFICE USE ONLY

Pen Pal Match: _____

Address: _____

Contact #: _____

Email address: _____