

Last Name _____

LSSE Registration Form
 70 Boltwood Walk Amherst, MA 01002
 Phone (413) 259-3065 Fax (413) 259-2407
 www.lsse.org lsse@amherstma.gov

Adult Participant/Guardian (If a child's Program)

Name _____
 Street _____
 Town _____ State ____ Zip _____
 Phone _____ Work _____
 Cell _____
 Email _____

Guardian (If applicable)

Name _____
 Street _____
 Town _____ State ____ Zip _____
 Phone _____ Work _____
 Cell _____
 Email _____

Emergency Contact (Other than Guardian)

Name _____
 Phone _____

Photo Release: May LSSE use photos of you or family members for brochure, website, or promotional use? yes no
 Signature _____

Participant's Full Name _____ Male Female
 School _____ Date of Birth _____ Grade _____

Does participant have any special needs/concerns? yes no If yes, please ask for our Inclusion Form when registering (also online).

| PROGRAM # | SESSION | TITLE | FEE | NONRESIDENT* | TOTAL |
|-----------|---------|-------|-----|--------------|-------|
| | | | | \$10.00 | |
| | | | | \$10.00 | |
| | | | | \$10.00 | |

Participant's Full Name _____ Male Female
 School _____ Date of Birth _____ Grade _____

Does participant have any special needs/concerns? yes no If yes, please ask for our Inclusion Form when registering (also online).

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|-----------|---------|-------|-----|--------------|-------|
| | | | | \$10.00 | |
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| | | | | \$10.00 | |

Please accept my tax deductible donation of \$ _____ for the _____ program.

PAYMENT:

- Cash
- Check Make payable to TOWN OF AMHERST
- Credit Card
 - Visa MasterCard Discover

_____ - _____ - _____ Exp. Date ____/____

*A nonresident is anyone residing outside of Amherst.