Last Name	

LSSE Registration Form170 Chestnut St., Suite 1 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			Secondary Guardian (If a child's Program) Name				
Town	State	Zip	Town		State	Zip	
Phone	Work		Phone		Work		
Cell			Cell				
Email			Email				
Emergency Cont	act (Other than G	Guardian)					
Name —	•	•					
Phone							
						Iale Female	
School:		Date of Birth:			Grade:	registering (also online)	
	, , , , , , , , , , , , , , , , , , , ,		If yes, please ask			·	
Program # Session		Title		Fee	Nonresident*	Total	
					\$10.00		
					\$10.00		
					\$10.00		
Participant's Full School:		Date of Birth:	If yes, please ask		Grade:	Tale Female registering (also online)	
Program #	Session	Title		Fee	Nonresident*	Total	
					\$10.00		
					\$10.00		
					\$10.00		
or hospitalization insurcoverage and that part	rance for any program icipation in all departr deductable donation of PAYMENT: Cash Check M Credit Ca	participants. I also under nent programs shall be a Signature: f \$ for the ake payable to TOWN OF A	rstand that all partite my own or my compared programmer programmer.	cipants a hild's ris	re strongly advised to k.	oes not provide accident o have adequate personal	
*A nonresident is anyone	e residing outside of Amb]	Exp. Date/	_	