

Adult Registration

Name: _____ Home Phone: _____

Name: _____ Home Phone: _____

Address: _____ Cell/Work Phone: _____

Town: _____ Zip Code: _____

Email Address: _____ 20% Senior Discount (age 60+)? _____

Emergency Contact: _____ Home Phone: _____

Relationship: _____ Work Phone: _____ Cell Phone: _____

<u>Name</u>	<u>Program #</u>	<u>Program Name(s)</u>	<u>Fee</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Trip Date</u>	<u>Meal Choice</u>
_____	_____
_____	_____
_____	_____

Subtotal _____
 Gift Cert. / Sr. Discount / Credit Used _____
 Non-Resident Fee (\$10.00) _____
 Late Registration Fee (\$10.00) _____
TOTAL FEE _____

Please note: some lab fees are payable directly to the class instructor.



Signature _____

Credit Card # _____ Exp. Date: _____

Please make checks payable to Town of Yarmouth

**Please mail or drop off form to:
 Yarmouth Community Services
 200 Main Street, Yarmouth, ME. 04096**

**Questions? Please call 846-2406
 Visit us on the Web: www.yarmouthcommunityservices.org**