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ast Name		_

LSSE Registration Form
170 Chestnut St., Suite 1 Amherst, MA 01002
Phone (413) 259-3065 Fax (413) 259-2407

NameStreet Zip			
Street	_ Name		
Town State Zip	Street		
	Town	State	Zip
Phone Work	Phone	Work	
Cell	Cell		
Email	Email		
Emergency Contact (Other than Guardian)	2	3	
Name			
Phone ————		*	
	9		
Participant's Full Name:		Gender:	
School: Date of B	irth:	Grade:	
School: Date of Bi	no If yes, please ask for our	Inclusion Form when re	gistering (also onli
Program # Session Titl	e Fee	Nonresident*	Total
842200 A Peter Pa	n \$80	\$10.00	28
	1 1	\$10.00	
		\$10.00	
		420,00	
Participant's Full Name:		Gender:	
School: Date of Bi	irth:	Grade:	
Does participant have any special needs/concerns? yes	no If yes, please ask for our	Inclusion Form when re	gistering (also onli
Program # Session Title	e Fee	Nonresident*	Total
Trogram // Source	1 100	\$10.00	10141
		\$10.00	
		\$10.00	