

Registration Form

SEND TO: Jon Kirby, 88R South Street, Medfield, MA 02052

Make checks payable to: **Town of Medfield**. Please write separate checks for each program in which you enroll..

<i>Please print - ONE PERSON PER FORM</i> REGISTRATION FORM - WINTER 2007			If child participant:
Participant:	First Name	Last Name	Child's Age
Street Address	Town		Parent's Name
Home Phone	Work Phone	Email Address	
Course Name	Day	Class Time	Fee

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