

22 • Registration FORM

RETURN WITH PAYMENT TO: Department of Community Services Town Offices, 2nd Floor 36 Bartlet Street, Andover, MA 01810	CONTACT US AT: Office: 978-623-8274 Fax: 978-623-8275 www.andoverma.gov/dcs	For Office Use Only
		Receipt #: _____ Check Cash Credit Amount: _____

Course Choices

Participant's Name	M/F	D.O.B.	Grade	Course #	Course, Event, or Trip Name	Fee

Checks payable to "Town of Andover"	Non Resident Fee (\$10/per class) + Gift Certificate or Voucher - Senior Discount (\$5 per class) -
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Complete if paying by credit card		<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Help Families in Need Round up your total and help provide DCS camperships to Andover families in need. </div>	Fees	\$
CC #			\$	
Expiration Date: _____ / _____	Card Code: _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <small>(Located on the back)</small>		\$	
Name as it appears on the card:			Total Amount	\$

Family Contact Information

Adult First & Last Name		
Street Address		
City	State	Zip Code
Home Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>

Please check the box to indicate which number you would like DCS to call first in case of an emergency or any program changes

E-mail

Is there an *updated* Emergency Sheet on file for each child participating in DCS programs? Yes Attached