

MANSFIELD'S SUMMER INSTITUTE 2018 REGISTRATION FORM

Child's Name: _____ Grade Fall '18: _____ DOB: _____
Kindergarten only

Street _____ City _____ State _____ Zip _____

Parent's Name: _____ Home Phone: _____ Cell #: _____

Email _____

SESSION 1: June 25, 26, 27, 28	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 2: July 2,3,5,6 No Wednesday	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 3: July 9, 10, 11, 12	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 4: July 16, 17, 18, 19	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 5: July 23, 24, 25, 26	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		

PLEASE NOTE NEW PRICES

Total Sessions _____ x \$110 = _____ Total Due.

Beginning June 1st fee is **\$115.00** per class. Beginning July 1st fee is **\$120.00** per class.
Make check payable to: Town of Mansfield and mail to MSI/Champs, 255 East St, Mansfield, MA 02048

Date Received: _____	Check #: _____	Amount: _____
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