

2011-2012 REGISTRATION FORM

Please complete and return a separate form or facsimile for each child under 16 and return with a check for programs requiring pre-registration.

NAME _____ AGE(child) _____
Birthdate _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

LOCAL PHONE () _____ CELL () _____

EMAIL _____

Program Title	Session Date(s)	Amount
1. _____		
2. _____		
3. _____		

Please make check payable to: T.W. Burgess Society and *mail to* Registration, Green Briar Nature Center, 6 Discovery Hill Road, E. Sandwich, MA 02537 or Fax to 508-888-1919 with credit card information...or register by phone.

MasterCard or Visa _____

Signature _____ Exp.Date _____

REFUND POLICY: Full refund will be made if request is received up to 10 days prior to session. Less than 10 days prior to session, refund will only be given if we are able to fill the vacant slot your withdrawal would create. We reserve the right to cancel any program due to low registration with full refund for any registered participant.

PARENT AUTHORIZATION FORM

Parents must complete the following for children 16 years of age or younger.

a. Does your child have any physical or emotional conditions of which we should be aware?
_____ If YES, please explain on an attached sheet.

b. Please provide us with one or more phone numbers where you may be reached in an emergency. _____

Parent Authorization: "In the event you are unable to reach me by telephone, I hereby authorize the Society's staff or medical personnel to take emergency measures as necessary."

Parent Signature _____ Date _____

(Please print your name as well) _____

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