

Registration for the Lloyd Program at the Assonet Bay Shores

Return with payment to ABSA c/o Carolyn Kiley Moore, 51 Cliff Drive. Assonet 02702

Check Dates	Number attending each date
<input type="checkbox"/> July 7	_____
<input type="checkbox"/> July 14	_____
<input type="checkbox"/> July 21	_____
<input type="checkbox"/> July 28	_____

Classes are: \$6 each child each class for members. \$7 each child each class for non-members.

Check Number _____ Amount enclosed _____

ABSA Member
Non-Member

Parent/Guardian Name _____

Address _____ Email _____

Phone _____ Cell phone _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____

Names of Participant _____ Age _____