

MANSFIELD'S SUMMER INSTITUTE 2019 REGISTRATION FORM

Child's Name: _____ Grade Fall '19: _____ DOB: _____
Kindergarten only

Street _____ City _____ State _____ Zip _____

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

Email _____

SESSION 1: July 1,2,3 No Thursday	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 2: July 8, 9, 10, 11	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 3: July 15, 16, 17, 18	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 4: July 22, 23, 24, 25	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		
SESSION 5: July 29, 30, 31, Aug 1	COURSE #	COURSE NAME
1 st Choice:		
2 nd Choice:		

PLEASE NOTE NEW PRICES

Total Sessions _____ **x \$110** (session 1 is \$82.50) = _____ **Total Due.**

Beginning June 1st fee for all courses is \$120.00.

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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