

**REGISTRATION FORM**

**Only necessary for fax, email or mail in registrations.**

Make Checks payable to: **YMCA**  
**Check or credit card payment required**

Call : **508-285-7574**  
Fax to: **508-226-7717**  
Email: **NortonYMCA@aol.com**  
Mail to: **Norton Y Program Center**  
**P.O. Box 911 - Norton, MA 02766**

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Classes are on first come, first serve basis and space availability.

Course Name	Day & Time	Start Date	Fee
Non-Resident Fee—for Parks and Recreation and Norton Community School Programs			5.00
Total			\$

Visa, MasterCard, Discover or American Express # \_\_\_\_\_  
expiration date \_\_\_\_\_ V-Code (last 3 # on signature strip) \_\_\_\_\_  
Signature of card holder \_\_\_\_\_