

FALL 2010 BROCHURE REGISTRATION FORM

*PARTICIPANT First Name: _____ *Last Name: _____

*Address: _____ Falmouth, ME 04105 *Day/Cell Phone: _____

Non-resident Town/Zip: _____ *Night Phone: _____

School Attending: _____ Grade September 2010 _____ M/F Age Now _____ *Birthdate: _____

SPECIAL NEEDS OR CONCERNS: _____ *E-mail: _____

*EMERGENCY CONTACT: _____ *PHONE: _____

The undersigned hereby releases and holds harmless the Town of Falmouth, Falmouth Community Programs (FCP) and its agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation in this program/event sponsored by Falmouth Community Programs. The undersigned further authorizes anyone working for FCP to call for medical care for my child if, in the opinion of the program supervisor, medical attention is needed. In addition, FCP is given permission to use your child's photograph in any FCP promotional material such as brochures, flyers or videos.

*Parents Signature: _____ PRINT Name: _____ *Birthdate: _____



STOP! Have you checked out our on-line registration option? Go to www.town.falmouth.me.us

***Denotes required information for ALL participants including adults. Parents please make sure you have signed this form. We cannot process the registration without a signature.**

Course Name	Session Code	Fee

Payment can be made by check made out to the TOWN OF FALMOUTH or by credit card. If paying by credit card, please fill out the following information:

Card # _____

Exp Mo/Yr _____

Signature of Card Holder _____

X _____