

# 2017 REGISTRATION FORM

Barrington Community School

PO Box 256

Barrington, RI 02806

(401) 245-0432

[www.barrcommschool.com](http://www.barrcommschool.com)

[barrcomm@bcs.necoxmail.com](mailto:barrcomm@bcs.necoxmail.com)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I PREFER TO BE CONTACTED BY: \_\_\_\_\_ MAIL \_\_\_\_\_ E-MAIL

PLEASE BE SURE TO SEND A SELF-ADDRESSED, STAMPED ENVELOPE IF YOU PREFER TRIP OR COURSE CONFIRMATION BY MAIL.

- Senior Citizen (65 or older)\*Deduct \$5 from a course tuition fee. This does **NOT** apply to trips.
- Student's grade in Sept. if registering for Children's Programs: \_\_\_\_\_.
- Trip Registrant: My Travel Companion is (if any): \_\_\_\_\_

Course/ Trip Title	Session, If Applicable	Tuition/ Trip Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
	Subtotal	_____
	Annual Membership (\$40.00 per person)	_____
	Donation, payable to BCS/Enrichment Fund	_____
	† Certificate of Completion (optional) \$3.00	_____
	<b>Total Enclosed</b>	_____

† To receive a Certificate of Completion, students must attend all sessions of the course and /or complete the course to the instructor's satisfaction.