2017 REGISTRATION FORM

Barrington Community School PO Box 256 Barrington, RI 02806 (401) 245-0432

www.barrcommschool.com barrcomm@bcs.necoxmail.com

lame(s):		
ddress:		
lephone:		
mail Address:		
REFER TO BE CONTACTED BY:MAILE-MAIL EASE BE SURE TO SEND A SELF-ADDRESSED, STAMPED ENVEI AIL.	LOPE IF YOU PREFER TRIP OR CO	URSE CONFI
 Senior Citizen (65 or older)*Deduct \$5 from a course to Student's grade in Sept. if registering for Children's Pro Trip Registrant: My Travel Companion is (if any): 	ograms:	·
ourse/ Trip Title	Session, If Applicable	
	Subtotal	
Donation, payable	pership (\$40.00 per person) e to BCS/Enrichment Fund	
† Certificate of Co	ompletion (optional) \$3.00 Total Enclosed	

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