



Program Registration Form

80 Carby St, Westwood, MA 02090 Tel (781) 326-1770 Fax (781) 326-0676 www.HaleReservation.org

Name of Program: _____

Date(s): _____

Participant Name: _____ Age: _____

Parent Name (if needed): _____

Address: _____

Phone: _____

Email: _____

Program Fee: _____

How did you hear of the program and Hale Reservation? _____

Special Needs: _____

Method of payment Check # _____ (Payable to Hale Reservation) VISA MC Amount \$ _____

Card # _____ 3 digit code (on back of card) _____

Exp. Date _____ Cardholder Zip _____

Signature _____ Print Name _____

RE _____ CC _____