



Registration Form

Student Name _____ D.O.B. _____
 Address: _____ City/State/Zip _____
 Parent/Guardian Names _____
 Cell Phone: _____ Home Phone: _____
 Email: _____
 Emergency Contact _____ Phone: _____

Class sizes will be limited to approximately 8-12 students. Think Tank sticks to a “first-come, first-serve,” policy! If there are enough students we will consider opening additional classes.

A non-refundable deposit of \$100 (or lab fee for science classes) is required for each class signed up for. A second form may be used for additional classes if necessary. Please mail this form and a check payable to, Think Tank to: Lauren Monroe, Attn: Think Tank, 37 Dayton St, Apt. R1, Worcester, MA 01609

Class Name	Day	Time	Price
Total Deposit or Lab Fee Amount			\$

By signing below, I, _____ (Parent/Guardian) agree to the non-refundable deposit that will ensure the placement of said student in Think Tank’s fall 2010 program.

_____ Date _____
 (Parent/Guardian)