



2019 Summer Experience Registration

Student's Name: _____

Student's email address: _____

By entering your email address here, you'll get event notifications and be signed up to receive Goffstown Public Library's monthly teen email newsletters. You can unsubscribe at any time.

Phone: _____

Age: _____

School: _____ **Grade in September:** _____

*To register for the Summer Experience, please
complete this form and return it to the Goffstown Public
Library.*