

2019 Summer Experience Registration



Student's Name: _____

Parent/Guardian email address: _____

Phone: _____

Age: _____

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

To register for the Summer Experience Program, please complete this form and return it to the Goffstown Public Library. Please subscribe me to the monthly email newsletter from the Goffstown Public Library. I understand that I can unsubscribe at any time, and my name and email will always be kept confidential. *Thank you.*

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