

## Lowcountry Senior Center—Program Registration Form

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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Are you a member of the Lowcountry Senior Center? Yes \_\_\_\_\_ No \_\_\_\_\_

Complete the form below and drop it off at the senior center's front desk or mail to: Lowcountry Senior Center, 865 Riverland Drive, Charleston, SC 29412. Please include payment (if applicable). Do not send cash through the mail. We will mail you a receipt. Please call the senior center at 762-9555 with any questions.

	<i>Name of Program</i>	<i>Date of Program</i>	<i>Fee per Person</i>	<i>Number of Persons</i>	<i>Check Number</i>	<i>Total Enclosed</i>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
	<b>TOTAL</b>					