

THE SECOND HALF LIFELONG LEARNING INSTITUTE

REGISTRATION FORM – FALL 2024

Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Email _____

Emergency Contact _____ Phone _____

Registration begins as soon as you receive this catalog.

STUDY GROUP SELECTIONS

REGISTRATIONS ARE FIRST COME/FIRST SERVED. Registrations are processed in the order in which they are received.

Please use the number of the study group, not the name, in completing your registration.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____

(6) _____ (7) _____ (8) _____ (9) _____ (10) _____

(11) _____ (12) _____ (13) _____ (14) _____ (15) _____

PAYMENT:

_____ **\$50.00** Membership dues

_____ **\$150.00** Tuition for up to two study groups

_____ **\$30.00** Tuition for additional study groups (\$30.00 per study group)

_____ I am a facilitator. My tuition is waived.

_____ \$ _____ Donation

\$ _____ **TOTAL AMOUNT DUE**

Please make checks payable to *The Second Half* and mail to

**The Second Half
PO Box 9333
Fall River, MA 02720**