

# THE SECOND HALF LIFELONG LEARNING INSTITUTE

## REGISTRATION FORM – SPRING 2025

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Registration begins as soon as you receive this catalog.**

**PLEASE PRINT CLEARLY.**

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### 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, to complete your registration.**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_ (9) \_\_\_\_\_ (10) \_\_\_\_\_

(11) \_\_\_\_\_ (12) \_\_\_\_\_ (13) \_\_\_\_\_ (14) \_\_\_\_\_ (15) \_\_\_\_\_

#### **PAYMENT:**

\_\_\_\_\_ **\$50.00** Membership dues **only if you did not pay dues in Fall 2024**

\_\_\_\_\_ **\$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**