



REGISTRATION

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Cell Phone _____

PROGRAM NAME	DATE	PARTICIPANT NAME (AND AGE IF YOUTH)	COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL _____

MEMBERSHIP

Membership is required to enroll and participate in any Ross School Community Programs. Membership fee is tax deductible and is good for one year from date of purchase. For additional information, visit www.ross.org/member.

Individual Membership / \$75 Family Membership / \$125 Senior Membership / \$65 Existing Member / \$0

METHOD OF PAYMENT

Cash (in person only) Check Visa MasterCard American Express

I've enclosed a check for \$_____ (Please make check payable to Ross School)

Please charge my credit card \$_____

Name on Card _____

Card Number _____ Expiration _____

Signature _____ Security Code _____

REGISTRATION OPTIONS

PHONE 631-907-5555

FAX 631-907-5105

CASH Ross Upper School
Center for Well-Being
20 Goodfriend Drive
East Hampton, NY

MAIL Ross School Community Programs
18 Goodfriend Drive
East Hampton, NY 11937