

**Registration Form for The History of American Music**

**Name** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Amount enclosed (45/person)** \_\_\_\_\_

**Please return completed form and check payable to  
Friends of the Council on Aging,  
PO Box 250, Dover MA 02030.**

**Scholarships available.**