

Registration Form for **Fun With Ukulele**

Name \_\_\_\_\_

Street \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount enclosed (\$35/person) \_\_\_\_\_

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