



Town of Carlisle
Office of
RECREATION DEPARTMENT
97 SCHOOL STREET
CARLISLE, MASSACHUSETTS 01741
Telephone: 978-759-7632

CONFIDENTIAL:

Tuition assistance decisions are made solely on the basis of need and available funding. Please complete the application below as soon as possible and return it with your program registration form to: ***Carlisle Recreation, 97 School Street, Carlisle, MA 01741.***

Name of Child: _____

Parents Name: _____

Home Address: _____

Telephone: _____ Cell Phone: _____

Please describe the circumstances that support your request. Your specific information is held in the strictest of confidence and only shared in conjunction with the Carlisle Recreation Commission.

Financial Assistance Requested: _____ Amount Paying: _____
(Completed by Recreation)

I agree to pay the amount above and understand participation in future programs is subject to this commitment.

Applicant Signature: _____ Date: _____

Recreation Director: _____ Date: _____