



## Participant Application for Learning Group # 1

Saturdays in February and March 2024, 10:00 – 11:30 at the Athol Public Library  
February 3, 10, 17 & 24 ~ and ~ March 2, 9, 16, 23

### Applicant Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Last First M.I.*

Address \_\_\_\_\_  
*Street Address Apartment #*

\_\_\_\_\_  
*City State ZIP Code*

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

Are you 60 years of age or older? Y or N

Are you available on Saturdays in February and March 2024? Y or N

Do you commit to attending a minimum of 7 out of 8 class sessions? Y or N

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this completed for to the Athol Council on Aging by December 28, 2023.