



## Participant Application for Learning Group # 3

Thursdays, September & October 2024, 5:00 – 6:30 at the Athol Public Library  
September 12, 19, 26 and October 3, 10, 17, 24, & 31

### Applicant Information

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

Address \_\_\_\_\_  
*Street Address Apt #*

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

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

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

Are you available Thursday evenings in September & October 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 form to the Athol Council on Aging or Library  
by August 15, 2024.