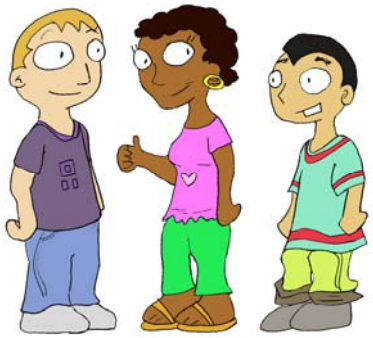
ASPIRe NY, inc.

Autism Spectrum Peer Integration & Recreation



Application **Session:**_____

Please fill out, sign, and mail with deposit:

Name_____

Address_____

Phone Number_____

Email_____

I agree to try to come to ASPIRe NY, inc. group activities for at lease 6 of the 8 sessions, because I know that the group needs all of it's participants there to be a success! (Outdoor activities may need to be changed if the weather is inclement).

Initial Registration Fee is $25 and Monthly dues are $25/mo. Additionally; each participant is responsible for paying their portion of costs associated with each activity.

*We celebrate all our participants' birthdays with a party!!! We ask that a $5.00 gift card to the store chosen by each participant be given at his or her party.

_____ _____

PARTICIPANT SIGNATURE Date

Make checks payable to ASPIRE

Mail to:
Julie Marks, Treasurer
ASPIRe NY, inc.
15 Carlyle Terrace
Saratoga Springs, NY 12866