

# COMPASSION Club REGISTRATION FORM

V1.07202020

Information collected here will be kept private and used *solely* for the purposes of this program.  
Completed registration forms can be returned to Berkshire Humane Society, 214 Barker Road, Pittsfield, MA 01201.  
If you have any questions, please call at 413-447-7878 x129.

**Our subscription to the Compassion Club costs \$20 fee per month.  
Each box is non-refundable.  
You may purchase several months at a time.**

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER IDENTITY: \_\_\_\_\_ PREFERRED PRONOUN: \_\_\_\_\_

T-SHIRT SIZE: PLEASE CHECK THE APPROPRIATE SIZE.      \_\_\_\_\_ CHILD SMALL      \_\_\_\_\_ ADULT SMALL  
   \_\_\_\_\_ CHILD MEDIUM      \_\_\_\_\_ ADULT MEDIUM  
   \_\_\_\_\_ CHILD LARGE      \_\_\_\_\_ ADULT LARGE  
   \_\_\_\_\_ CHILD XL      \_\_\_\_\_ ADULT XL

**GUARDIAN**

NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MANDATORY FOR REGISTRATION

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number of Months: \_\_\_\_\_ x \$20 = Amount Due: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_



Cardholder's Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Cardholder's Phone: \_\_\_\_\_

Parent/Guardian/Self Printed Name

Parent/Guardian/Self Signature

Date