

# REGISTRATION

Use a separate registration form for each registrant. Additional forms available at [www.olbrich.org](http://www.olbrich.org).

[Please print.]

Registrant/Parent: \_\_\_\_\_

Are you an Olbrich Member?  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening/Weekend Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Email correspondence is used to provide you with the most current class information, including class confirmation notices. Your email address will not be shared with any other individuals or organizations.

Class Code	Class Title	Child's First Name/Age <small>(for children's classes)</small>	Fee \$
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fee Total: \$ \_\_\_\_\_

## PAYMENT METHOD

Personal Check #: \_\_\_\_\_

[Make check payable to Olbrich Botanical Society.]

Cash  Gift Card #: \_\_\_\_\_

Credit Card

MasterCard or  Visa #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cvv Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_