

REGISTRATION

Use a separate registration form for each registrant. Additional forms available at 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 \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fee Total: \$ _____

PAYMENT METHOD

Personal Check #: _____

[Make check payable to Olbrich Botanical Gardens.]

Cash Gift Card #: _____

Credit Card

MasterCard or Visa #: _____

Exp. Date: _____ Cvv Code: _____

Cardholder Name: _____