

ElderCollege

Registration Mail or Walk-In Registration Only

Please complete this form and mail or bring it along with your payment to:

BGSU Firelands, Office of Educational Outreach

1 University Dr., Huron, OH 44839

I would like an **ElderCollege membership for:** ___ One Semester at \$70.00 ___ Two Semesters at \$110.00

I would like to register as a **non-member for \$20.00 per course.**

Please indicate your selection by checking the corresponding course numbers below:						
<input type="radio"/> 0357 free	<input type="radio"/> 0358	<input type="radio"/> 0359	<input type="radio"/> 0360	<input type="radio"/> 0361	<input type="radio"/> 0362	<input type="radio"/> 0363
<input type="radio"/> 0364	<input type="radio"/> 0365	<input type="radio"/> 0366	<input type="radio"/> 0367	<input type="radio"/> 0368	<input type="radio"/> 0369	<input type="radio"/> 0370
<input type="radio"/> 0371	<input type="radio"/> 0372	<input type="radio"/> 0373	<input type="radio"/> 0374	<input type="radio"/> 0375	<input type="radio"/> 0376	<input type="radio"/> 0377
<input type="radio"/> 0378	<input type="radio"/> 0379	<input type="radio"/> 0380	<input type="radio"/> 0381	<input type="radio"/> 0382	<input type="radio"/> 0383	<input type="radio"/> 0384
<input type="radio"/> 0385	<input type="radio"/> 0386	<input type="radio"/> 0387				

Total Due: \$ _____

Name: _____

Phone: _____

Address: _____

Email _____

City, State, Zip: _____

DOB: _____ Gender: M/F License Plate # _____

By signing this release, I assume full responsibility for any injuries or property damage that may be incurred by me or caused by me while participating in the activities of ElderCollege.

Signature of Participant

Date

PAYMENT METHOD:	
<input type="radio"/> Check # _____	<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> Amex
Credit Card # _____	Expiration Date: _____
_____ Name on Card	_____ Cardholder's Signature