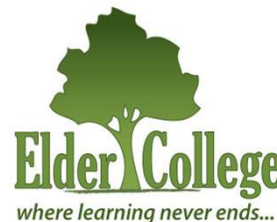


# ElderCollege Registration



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

BGSU Firelands  
Office for Educational Outreach  
1 University Dr. Huron, Oh 44839

**Please Note:** This form is not necessary for online registration.

I would like an ElderCollege Membership for:  1 Semester \$70.00  1 Year \$110.00

Please indicate your course selections by checking the corresponding course numbers below:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22
<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> *29 12- 2 pm ___ 2-4 pm ___
<input type="checkbox"/> *30 4/27 ___ 5/4 ___	<input type="checkbox"/> 31	<input type="checkbox"/> *32 5/1 ___ 5/2 ___ 5/3 ___	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36
<input type="checkbox"/> 37	<input type="checkbox"/> 39	* Course numbers 29, 30 and 32 are offered on more than one occasion. Please indicate your date/time preference.				

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

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

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

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

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