

# 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 \$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"/> 0444 free	<input type="radio"/> 0445	<input type="radio"/> 0446	<input type="radio"/> 0447	<input type="radio"/> 0448	<input type="radio"/> 0449	<input type="radio"/> 0450
<input type="radio"/> 0451	<input type="radio"/> 0452	<input type="radio"/> 0453	<input type="radio"/> 0454	<input type="radio"/> 0455	<input type="radio"/> 0456	<input type="radio"/> 0457
<input type="radio"/> 0458	<input type="radio"/> 0459	<input type="radio"/> 0460	<input type="radio"/> 0461	<input type="radio"/> 0462	<input type="radio"/> 0463	<input type="radio"/> 0464
<input type="radio"/> 0465	<input type="radio"/> 0466	<input type="radio"/> 0467	<input type="radio"/> 0468	<input type="radio"/> 0469	<input type="radio"/> 0470	<input type="radio"/> 0471
<input type="radio"/> 0472	<input type="radio"/> 0473	<input type="radio"/> 0474	<input type="radio"/> 0475	<input type="radio"/> 0476	<input type="radio"/> 0477	<input type="radio"/> 0478
<input type="radio"/> 0479	<input type="radio"/> 0480	<input type="radio"/> 0481	<input type="radio"/> 0482	<input type="radio"/> 0483	<input type="radio"/> 0484	<input type="radio"/> 0485
<input type="radio"/> 0486	<input type="radio"/> 0487	<input type="radio"/> 0488	<input type="radio"/> 0489	<input type="radio"/> 0490	<input type="radio"/> 0491	

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:**

Check # \_\_\_\_\_  Visa  MasterCard  Discover  Amex

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_  
Cardholder's Signature