

# 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"/> 0388 free	<input type="radio"/> 0389	<input type="radio"/> 0390	<input type="radio"/> 0391	<input type="radio"/> 0392	<input type="radio"/> 0393	<input type="radio"/> 0394
<input type="radio"/> 0395	<input type="radio"/> 0396	<input type="radio"/> 0397	<input type="radio"/> 0398	<input type="radio"/> 0399	<input type="radio"/> 0400	<input type="radio"/> 0401
<input type="radio"/> 0402	<input type="radio"/> 0403	<input type="radio"/> 0404	<input type="radio"/> 0405	<input type="radio"/> 0406	<input type="radio"/> 0407	<input type="radio"/> 0408
<input type="radio"/> 0409	<input type="radio"/> 0410	<input type="radio"/> 0411	<input type="radio"/> 0412	<input type="radio"/> 0413	<input type="radio"/> 0414	

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