



Course Registration 2024

SESSION: WINTER SPRING SUMMER FALL OTHER _____

OFFICE USE

MEMBERSHIP: ☐ CURRENT ☐ NEW ☐ RENEWING

RECEIVED: DATE _____ INITIALS _____

ABOUT YOU (Only one person per form, please)

First Name: _____

Last Name: _____

Mailing Address: Street _____

City, State, Zip _____

Phone _____

Email _____

Date of Birth: (MM/DD/YYYY) ____/____/____

Is any information above new? Address Phone Email

I'd like an OLLI nametag with this name: _____

I grant photo permission. OLLI may reproduce my image for educational/promotional purposes if I appear in photos of programs. Yes No

OFFICE USE
CHECK NO. _____ CC LAST 4 _____
CASH _____ MISC _____
ENROLL (Init) _____ DATE PROCESSED _____

YOUR PAYMENT INFORMATION

Payment Method: Cash Check Credit Card (See below)

Card Type: Visa MasterCard Discover

Card No: _____

Exp. Date: (MM/YY) ____/____ Code: (on back of card) _____

Name on Card: _____

YOUR PROGRAM SELECTIONS

COURSE / WORKSHOP TITLE

COST

1st Choice:

1

Alt. Choice:

\$

1st Choice:

2

Alt. Choice:

\$

1st Choice:

3

Alt. Choice:

\$

1st Choice:

4

Alt. Choice:

\$

1st Choice:

5

Alt. Choice:

\$

1st Choice:

6

Alt. Choice:

\$

Your Total Course / Workshop Cost

\$

Check box if you're over 90 — it's free!

Annual Membership, if applicable

+ \$

Your tax deductible contribution to OLLI (Optional)

+ \$

YOUR TOTAL REGISTRATION COST

\$