



# 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

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

## 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
<b>1st Choice:</b> _____ <b>Alt. Choice:</b> _____	\$
<b>2nd Choice:</b> _____ <b>Alt. Choice:</b> _____	\$
<b>3rd Choice:</b> _____ <b>Alt. Choice:</b> _____	\$
<b>4th Choice:</b> _____ <b>Alt. Choice:</b> _____	\$
<b>Your Total Course / Workshop Cost</b>	
<input type="checkbox"/> Check box if you're over 90 — it's free!	<b>Annual Membership, if applicable</b> \$
<b>Your tax deductible contribution to OLLI (Optional)</b> + \$	
<b>YOUR TOTAL REGISTRATION COST</b> \$	

OFFICE USE

CHECK NO. \_\_\_\_\_ CC LAST 4 \_\_\_\_\_

CASH \_\_\_\_\_ MISC \_\_\_\_\_

CCB(Init) \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_