



# Course Registration 2025

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 \_\_\_\_\_

Phone \_\_\_\_\_

## 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: _____ Alt. Choice: _____	\$
2nd Choice: _____ Alt. Choice: _____	\$
3rd Choice: _____ Alt. Choice: _____	\$
4th Choice: _____ Alt. Choice: _____	\$
5th Choice: _____ Alt. Choice: _____	\$
<b>Your Total Course / Workshop Cost</b>	\$
<i>Check box if you're over 90 — it's free!</i> <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 \_\_\_\_\_ ENROLL (Init) \_\_\_\_\_ DATE PROCESSED \_\_\_\_\_