



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:	\$
Your Total Course / Workshop Cost	\$
<input type="checkbox"/> 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	\$

OFFICE USE

CHECK NO. _____ CC LAST 4 _____ CASH _____

MISC _____ ENROLL (Init) _____ DATE PROCESSED _____