Class Registration Form

Name _____ Phone _____

Street Address _____ City _____ Zip _____

Email _____

Credit Card #_____ VISA __ MC __ Discover __ Exp: _____ Sec Code(3 digits on back) _____

Are you currently a member? Yes No

Participant Name	Class Title and Date	Child's Age	Fee
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____

Photo Release

I give the Cedar Valley Arboretum and Botanic Gardens permission to publish in print, electronic, or video format my likeness or image. I understand that only my first name will be published unless express written permission is granted. I release all claims against The Arboretum with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

_____ _____

NAME (Please Print) PARENT OR GUARDIAN NAME (Please Print)
(If signing for child under the age of 18 please state relationship to child)

_____ _____

YOUR SIGNATURE DATE