



# Woodbine Ecology Center

Promoting Indigenous Values & Sustainable Communities

## PROGRAM REGISTRATION FORM

**PLEASE NOTE:** Type or print legibly and include a daytime phone number and/or e-mail so that we can reach you.

**DEPOSITS:** All programs require a deposit or payment in full. Please enclose with this form a nonrefundable deposit or the entire program fee if the total is less than \$30.00 or the program starts in less than 30 days. Any balance due 30 days prior to the start of the program. You are not registered for a program until your deposit is received by us.

PARTICIPANT'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ AMOUNT ENCLOSED \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ AMOUNT ENCLOSED \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ AMOUNT ENCLOSED \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

### WILL YOU BE DRIVING?

- If yes, can you offer other program participants a ride? \_\_\_\_\_
- If no, would you like to carpool with someone else? \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We must have a complete and signed medical and liability release form for each participant prior to the start of each program.

Please mail form with payment to:

Woodbine Ecology Center

P. O. Box 1253

Littleton, CO 80160

For deposit and registration information visit [www.woodbinecenter.org](http://www.woodbinecenter.org)

For questions call 303.380.7984 or e-mail [info@woodbinecenter.org](mailto:info@woodbinecenter.org)

*Woodbine Ecology Center does not discriminate on the basis of race, color, religion, age, sex, sexual orientation, gender expression, ability, or national or ethnic origin. We are an Equal Opportunity/Affirmative Action Employer.*