Cedar Valley Arboretum & Botanic Gardens

1927 East Orange Road :: Waterloo, IA 50701 :: (319)226-4966 :: www.cedarvalleyarboretum.org

2013 summer program registration form

CEDAR VALLEY ARBORETUM & BOTANIC GARDENS

All classes require registration at least 7 days prior to the event and payment is due at the time of registration. Please complete this form, enclose payment, and mail to: Cedar Valley Arboretum, PO Box 1833, Waterloo, IA 50704. **You can also register online at www.cedarvalleyarboretum.org/registration.asp**

Refund Policy If a program is canceled, you will be notified and receive a full refund. If you choose to cancel your registration, you must call (319) 226-4966 a minimum of 24 hours in advance to receive a refund. A $25 fee will be charged for all checks returned due to insufficient funds..

Name _____ Phone _____

Street Address _____ City _____ Zip _____

Email_____

Credit Card #_____VISA __ MC __ Discover __ Exp: _____ Sec Code _____

Are you currently a member? _____Yes, I'm currently a member or enclosing the membership form. ____No

Would you like to receive *The View*, The Arboretums e-newsletter? _____Yes (Please include email above.) _____No

participant name	**age(if child)**	**class title & date**	**fee**
		Terrific Tadpoles Season (Circle) Tue or Th &	$30 or $40
		Friendly Frogs Season (Circle) Tue or Th &	$30 or $40
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____

Total Program Registration Fees **$**_____

Total Enclosed Complete credit card information or enclose check made payable to: Cedar Valley Arboretum. **$**_____

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