

Name: _____

Address: _____

Phone: _____^{Street} Year of Birth: _____^{City} E-mail: _____^{State} _____^{Zip}

Person to notify in case of emergency: Name: _____

Phone: _____ Relationship: _____

AUDITING

Please bring this form to our office. We cannot take auditing registrations by mail or phone.

- \$100 Course # _____ \$100 Course # _____
 \$100 Course # _____ \$100 Course # _____

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To become a Sponsor or Friend of Evergreen, please mail this form with donation, bring to our office, or register by phone if you wish to pay with a credit card.

September 09–August 10

- \$300 Evergreen Sponsor (individual)
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 \$_____ Other Amount

BUID# (Retired Faculty): _____

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 \$40 Jazz: America's Music
 \$60 Best American Short Stories
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 \$40 Psychology Goes to the Movies

PAYMENT: Total amount: \$ _____

The Evergreen office accepts checks, Visa, or MasterCard.

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