

# Wild Edibles: Enhancing Food Security 2010 Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1) Check the term(s) you would like to attend:

\_\_\_\_\_ **First Term - Spring/ Summer:** May 9, June 13 and July 11, 2010.

\_\_\_\_\_ **Second Term - Summer/ Fall:** August 8, September 12 and October 3, 2010.

2) Please write a short description of your experience (if any) with wild edibles and your goals for taking the program. (Use the backside of this form.)

3) Payment options – check one:

\_\_\_\_\_ Tuition is \$300 for each term. I am enclosing the \$50 non-refundable deposit for each term I am taking, and will pay the balance at the first class.

\_\_\_\_\_ I am committing to both terms and am using the Early Discounted Tuition option, which is \$575. I am enclosing the non-refundable deposit of \$100, (\$50 for each term), and will pay the balance, \$475, by April 17, 2010.

\_\_\_\_\_ I have received a VSAC Grant of \$ \_\_\_\_\_. I am enclosing the \$50 deposit, which will be refunded if VSAC pays the entire tuition.

\_\_\_\_\_ I am using the Payment Plan of \$83.33 due at each class of each term. I am enclosing the \$50 non-refundable deposit. I understand that full payment of the tuition is expected regardless of attendance. If I am unable to attend class, I will mail my payment to the School.

I agree to the above terms of the Payment Plan. \_\_\_\_\_ (signature)

Please make checks payable to “Wisdom of the Herbs School”.