



REGIONAL PARKS BOTANIC GARDEN

NATIVE PLANTS OF CALIFORNIA

CLASS REGISTRATION FORM – Friends of the Regional Botanic Garden

Name _____ Email _____ Phone _____

Street _____ City _____ State ____ Zip _____

Additional Registrants

Name _____ Email _____

Name _____ Email _____

#	CLASSES	Cost	Subtotal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cost of Classes _____

Are you a Friends member? Yes ___ No ___

To Join the Friends: go to <http://www.nativeplants.org/support-the-garden/become-a-friend/>

Pay with a credit card or send a check made out to the Regional Parks Foundation.

Type of Credit Card: Visa ___ Master Card ___ Discover ___ American Express ___

Name on credit card _____

(Important - address on account must be same as above)

Credit Card # _____ Expiration Date _____

Send this form with a check or credit card information to:

Regional Parks Foundation
 c/o Linda Blide
 3249 Monterey Blvd.
 Oakland, CA 94602

*Class Fees can be refunded if a cancellation is made 1 week before the class except overnight classes must be cancelled 2 weeks ahead.