

CLASS REGISTRATION FORM

Name				
Street address				
City			State	Zip
Phone	E	mail		
ADDITIONAL REGISTRANT	гѕ			
Name		mail		
Name		mail		
Name Email		mail		
CLASSES				
Number attending Class name			Cost per student	Subtotal
			Cost of classes:	
I am a Friends member. ☐ Yes	□ No			
I would like to become a Friends	member at the level indicated	below.		
GENERAL MEMBERSHIP		ent		
GENERAL MEMBERSHIP PLUS Subscription to The Four Seasons, an annual Garden publication \$\square\$ \$75 \text{ Individual Plus}\$\$ \$\square\$ \$55 \text{ Limited Income/Student Plus}\$\$ \$\square\$ \$100 \text{ Family Plus (two cards)}\$\$				
SPECIAL GARDEN FRIEND Includes The Four Seasons and helps support the Garden in many different ways \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$			Cost of membershi	p:
I would like to make a donation to Friends to help support the Garden.			Donation to Friends:	
			TOTAL ENCLOSED:	



PLEASE NOTE: Paid participants who cancel more than seven days before a class will receive a full refund. Those who cancel seven or fewer days before a class will receive no refund.

Questions? Email bgardenreg@gmail.com or call Linda at 510-384-2873.



Please make your check payable to: Regional Parks Foundation

Mail your check and this form to: Regional Parks Foundation c/o Linda Blide 3249 Monterey Boulevard Oakland, CA 94602-3561

Donations and memberships are tax-deductible as allowed by law.