

Desert Botanical Garden

L I F E L O N G L E A R N I N G P R O G R A M

DATE: _____

NAME: _____ RETURNING STUDENT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:(_____) _____ EMAIL: _____

DGB MEMBER# _____ NON-MEMBER DESERT COUNCIL MEMBER

CLASS TITLE	START DATE	FEE	QTY	TOTAL
TOTAL AMOUNT DUE				

PAYABLE BY: VISA MC AMEX DISC CHECK # _____

NAME - as it appears on card: _____

CARD # _____ - _____ - _____

Expiration Date: _____ Signature: _____

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PAID _____	REGISTRATION ID _____
REFUND _____	DATE ENTERED _____
	EMAILED _____
	MAILED _____