Spring 2018 Registration Form

PLEASE CLEARLY FILL IN ALL INFORMATION (please print)

NAME ____________________________________________________________________________

EMAIL ___________________________________________________________________________

ADDRESS _________________________________________________________________________

CITY ___________________________________ STATE _______ ZIP CODE _________________

TELEPHONE (HOME) ________________ (CELL) ________________________________

DATE OF BIRTH __________________________________________________________________

RACE/ETHNICITY (Optional): Please indicate how you identify yourself.

☐ American Indian or Alaska Native  ☐ Asian  ☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander  ☐ White
☐ Are you Hispanic/Latino?  ☐ Yes  ☐ No

IN CASE OF EMERGENCY OR ILLNESS CALL:

NAME ____________________________________________________________________________

RELATIONSHIP ________________________  TELEPHONE/CELL __________________________

I AM ESPECIALLY INTERested IN:

☐ Teaching a course  ☐ Serving on a team  ☐ Volunteering in the office  ☐ Fundraising
☐ My hobbies include _______________________________________________________________________________________________

EDUCATION:  ☐ H.S.  ☐ Two-year College, A.A.  ☐ B.A., B.S., R.N.  ☐ M.A., M.S.  ☐ Ph.D., M.D., J.D., Ed.D.

MEMBERSHIP DUES:  ☐ New Member  ☐ Returning Member

☐ $______ $175 Spring 2018 semester  ☐ Paid for full year

☐ $______ Donation to Gift Fund

☐ $______ TOTAL (Make check(s) payable to “University of Delaware”.) Check #___________

Credit Card:  ☐ American Express  ☐ Discover  ☐ MasterCard  ☐ Visa

Amount: $________ Credit Card No: ___________ - ___________ - ___________ - ___________ - Exp. date: ___________________________

Print Name: ______________________________________________________________________

Authorized Signature Required: ___________________________________________________________________________________

NEW MEMBERS: HOW DID YOU LEARN ABOUT OLLI AT THE UNIVERSITY OF DELAWARE?

☐ Newspaper article  ☐ Friend  ☐ Library display  ☐ Radio ad  ☐ TV  ☐ Internet  ☐ Other______________

By submitting this form, I agree to hold the University of Delaware, its Trustees, officers, employees and agents harmless for any claims of personal injury or damage arising out of my association with the program or presence on the University campus or any other location where classes are offered or as a participant of any program-sponsored trip. I agree that information provided in class is intended to be informational only and should not be construed or relied upon as advice. I authorize the University to record or photograph my image and/or voice for use by the University or its assignees in educational and promotional programs and materials.

SIGNATURE REQUIRED __________________________ DATE OF REGISTRATION ___________________