



Vesterheim Norwegian-American Museum

Class Registration Form

E-mail Address _____

Send me the museum's online newsletter, *Vesterheim Current*, plus store updates.

Daytime Phone _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Parent's name if registration is for youth (under age 18) _____

Age of student if youth (under age 18) _____

Please enroll me in the following class(es):

1. Name of Class _____ **Cost** _____

Date of Class _____ Instructor _____

2. Name of Class _____ **Cost** _____

Date of Class _____ Instructor _____

3. Name of Class _____ **Cost** _____

Date of Class _____ Instructor _____

Total Amount Due _____

**All classes require a \$50 deposit to register.
Full tuition is due 21 days prior to the class starting date.**

Amount Paid Now _____

Balance Due _____

Type of payment:

Check or Money Order **or** Charge to my MasterCard VISA Discover American Express

Name Listed on Card _____

Card Number _____ Expiration Date _____

Card Holder Signature _____ Verification Code _____

3-digit number on back side of credit card

I am a Vesterheim Member **I am not a Vesterheim Member**

Mail to Vesterheim Norwegian-American Museum, P.O. Box 379, Decorah, IA 52101, or fax to 563-382-8828.