



Vesterheim Norwegian-American Museum

Class Registration Form

E-mail Address _____

Check here to have class information and supply lists sent by e-mail.

Daytime Phone _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Parent's name if registration is for youth (ages 17 and under) _____

Age of student if youth (ages 17 and under) _____

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 _____

All classes require a \$50 deposit to register.

Full tuition is due 30 days prior to the class starting date.

Total Amount Due _____

Amount Paid Now _____

I give Vesterheim permission to charge the balance due to my credit card 30 days before the class start date.

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

Waiver must be signed before beginning class. We are required to have the waiver on file for each student for each class.

I am about to participate in the class(es)

_____ at Vesterheim Norwegian-American Museum from _____ to _____.

I understand that there are certain risks involved and assume those risks upon my own initiative, risk, and responsibility. In consideration of the permission extended by Vesterheim Norwegian-American Museum through its officers and Board of Trustees to participate in this class, I do hereby for myself, my heirs, executors, and administrators, remise, hold harmless, release, and forever discharge Vesterheim Norwegian-American Museum, a corporation, and all of the museum's officers, trustees, agents, employees, and directors, acting officially or otherwise, from any and all claims and demands whatsoever in law, in admiralty or in equity, which I now have or may acquire by reason of injury to my person or loss to my personal property which may occur during this class, arising out of or connected with this class, or continuances thereof.

Signature of Student _____ Date _____

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