



# 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 \_\_\_\_\_

### 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.**

Total Amount Due \_\_\_\_\_

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

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 \_\_\_\_\_

Applicant 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 to register. We are required to have the waiver form 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 Applicant \_\_\_\_\_ Date \_\_\_\_\_

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