FRIENDS OF THE REGIONAL PARKS CLASS REGISTRATION FORM

Name________________________________________ Email_____________________________________
Address_________________________________________City________________________Zipcode________
Phone__________________________________

Additional Registrants

Name ___________________________________________ Email______________________________

#            Classes                                               Cost    Subtotal

____     ______________________________________________________       _________        ________
____     ______________________________________________________       _________        ________
____     _____________________                                                  _________        ________

Total Cost for Classes ________

Are you a Friends member?  Yes _____ No _____

To Join the Friends: go to http://www.nativeplants.org/support-the-garden/become-a-friend/

Pay by credit card or send a check made out to the Regional Parks Foundation

Name on Account_____________________________________(address on account must be same as above)

Credit Card # _________________________________________ Expiration Date __________

Send this form with a check or credit card information to:

Regional Parks Foundation
c/o Linda Blide
3249 Monterey Blvd.
Oakland, CA 94602

****Class Fees can be refunded if a cancellation is made 1 week before the class except overnight classes must be cancelled 2 weeks ahead.

How did you hear about our classes?
Enewsletter ___ Class Postcard ___ Website ___ Friend ___ Flyer____ Other ______________________