



# ALDERLEAF WILDERNESS COLLEGE

Center for Traditional Ecological Knowledge

## Mail-In Course Registration Form

### Student Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about Alderleaf Wilderness College? \_\_\_\_\_

\_\_\_\_\_

### Course Information

Course Name \_\_\_\_\_ Course Dates \_\_\_\_\_

Course Fee (\$) \_\_\_\_\_

### Payment Information

Choose One:

Check (or Money Order) Enclosed Payable to: Alderleaf **OR**

Credit Card Information Provided Below

Credit Card Type (circle)    Visa    Mastercard    Discover    American Express

Credit Card Number \_\_\_\_\_

Verification Code (3 digits code next to signature strip of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

### Mail to:

Alderleaf Wilderness College  
18715 299<sup>th</sup> Ave SE  
Monroe, WA 98272

Thank you!

We will contact you to confirm we have received this registration form.