



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 299th Ave SE
Monroe, WA 98272

Thank you!

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