

OLLI@UGA Course Registration and Payment Form

Return completed form along with your payment to:
OLLI@UGA 850 College Station Rd. Athens, GA 30605

Course Registration

Registrant 1

Name _____
 Address _____
 Phone _____ Email _____

Registrant 2 (or Registrant 1 continued)

Name _____
 Address _____
 Phone _____ Email _____

Course Title	Class Fee	Course Title	Class Fee
Membership fee (if applicable)	\$	Membership fee (if applicable)	\$
Donation: ___\$5 ___\$10 ___\$25 ___Other	\$	Donation: ___\$5 ___\$10 ___\$25 ___Other	\$
<i>Registrant 1 Total</i> \$		<i>Registrant 2 Total</i> \$	

TOTAL PAYMENT TO OLLI@UGA: \$ _____

Payment to OLLI@UGA

Card Number (Visa/MC/Discover) _____ Exp (xx/xx) _____
 Name on Card _____
 Billing Address _____
 Signature _____