



## Supplemental Registration form for Armstrong Scholars Program

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's/Guardian's e-mail (if available): \_\_\_\_\_

Student's e-mail (if available): \_\_\_\_\_

Emergency Contact (During program dates): \_\_\_\_\_

### METHOD OF PAYMENT

***Tuition is due in full by June 1<sup>st</sup>***

☐ I've included a check made out to **NatureBridge**

☐ Please charge my credit card for:

☐ Full Tuition \$150

Name on Card: \_\_\_\_\_ ☐ VISA ☐ MasterCard

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The Armstrong Scholars Program is made possible by the Joie Armstrong Memorial Fund and the generous support of people like you.

☐ *Yes! I want to contribute to the Armstrong Scholars Program and am including a tax-deductible contribution in the amount of \$\_\_\_\_\_.* ☐ *Please charge my credit card* ☐ *I have enclosed a check*

Please send payment and registration form to:

**Yosemite Institute**

**c/o Armstrong Scholars Program**

**PO Box 487**

**Yosemite, CA 95389**

### ***Refund policy:***

***The \$150 Tuition is non-refundable***

**You will be notified as soon as your registration payment has been received.**

NatureBridge reserves the right to deny participation on any program.