



YOSEMITE INSTITUTE

Field Research Course Registration Form

July 31st – August 13th 2010

Participant

Name			
Gender			
Date of Birth			
Email			
Street address			
City / State / Zip			
Home 'phone			
Cell 'phone			

Primary Parent / Guardian

Name			
Email			
Street address			
City / State / Zip			
Home 'phone			
Cell 'phone			
Work 'phone			

Second Parent / Guardian

Name			
Email			
Street address			
City / State / Zip			
Home 'phone			
Cell 'phone			
Work 'phone			

Carpooling

We encourage carpooling to and from the Yosemite Institute. While we cannot coordinate the carpools, we will help by sending out a list with each participant's name, email address and phone number.

- ☐ Please include my name/phone number on the carpooling list.
- ☐ Please **do not** include my name/phone number on the carpooling list.

Course Fees

The fee for this course is **\$1750** for California residents and **\$2250** for residents of other states. This difference is due to fees charged by Columbia College for out-of-state students wishing to receive college credit for this course. A deposit of **\$250** is required with this registration to reserve your place on the course. Full payment is due by **July 1st 2010**.

Refund Policy

The \$250 deposit is **non-refundable**, so please be sure of students commitment in attending the course. Any amount paid above the \$250 deposit can be refunded prior to June 1st, 2010. **After June 1st 2010, fees are non-refundable.**

Payment

- ☐ I've already sent in my deposit.
- ☐ I've included a check made out to **Yosemite Institute**.
- ☐ Please charge my credit card in the amount of \$ _____

Card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Name on card			
Card Number			
Expiration date			
Billing Address			
City / State / Zip			

How did you hear about our programs?

<input type="checkbox"/> Web Search (searched for what?)	
<input type="checkbox"/> Friend	
School visit to: <input type="checkbox"/> Yosemite Institute <input type="checkbox"/> Olympic Institute <input type="checkbox"/> Headlands Institute	
<input type="checkbox"/> Other	

Ethnic Background (Optional)

- ☐ Black/African American ☐ Asian ☐ Native/American Indian ☐ Hispanic
- ☐ White/Caucasian ☐ Other _____

Please send this completed form and payment to:

Mentor Teacher (Science)
Yosemite Institute
PO Box 487
Yosemite, California 95389

Yosemite Institute reserves the right to deny participation in any backpacking program.