



# Vesterheim Norwegian-American Museum

## *Class Registration Form*

E-mail Address \_\_\_\_\_

☐ Send me the museum's online newsletter, *Vesterheim Current*, plus store updates.

Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

☐ Check here to have class info and supply lists sent by regular mail. (Typically, they are emailed).

Parent's name if registration is for youth (ages 17 and under) \_\_\_\_\_

Age of student if youth (ages 17 and under) \_\_\_\_\_

### **Please enroll me in the following class(es):**

1. Name of Class \_\_\_\_\_ **Cost** \_\_\_\_\_

Date of Class \_\_\_\_\_ Instructor \_\_\_\_\_

2. Name of Class \_\_\_\_\_ **Cost** \_\_\_\_\_

Date of Class \_\_\_\_\_ Instructor \_\_\_\_\_

3. Name of Class \_\_\_\_\_ **Cost** \_\_\_\_\_

Date of Class \_\_\_\_\_ Instructor \_\_\_\_\_

**All classes require a \$50 deposit to register.**

**Full tuition is due 21 days prior to the class starting date.**

Total Amount Due \_\_\_\_\_

Amount Paid Now \_\_\_\_\_

☐ I give Vesterheim permission to charge the balance due to my credit card  
21 days before the class start date.

**Balance Due** \_\_\_\_\_

### **Type of payment:**

☐ Check or Money Order **or** Charge to my ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Verification Code \_\_\_\_\_

Number on back side of credit card

☐ I am a Vesterheim Member ☐ I am not a Vesterheim Member

**Waiver must be signed before beginning class. We are required to have the waiver on file for each student for each class.**

I am about to participate in the class(es)

\_\_\_\_\_ at Vesterheim Norwegian-American Museum from \_\_\_\_\_ to \_\_\_\_\_.

I understand that there are certain risks involved and assume those risks upon my own initiative, risk, and responsibility. In consideration of the permission extended by Vesterheim Norwegian-American Museum through its officers and Board of Trustees to participate in this class, I do hereby for myself, my heirs, executors, and administrators, remise, hold harmless, release, and forever discharge Vesterheim Norwegian-American Museum, a corporation, and all of the museum's officers, trustees, agents, employees, and directors, acting officially or otherwise, from any and all claims and demands whatsoever in law, in admiralty or in equity, which I now have or may acquire by reason of injury to my person or loss to my personal property which may occur during this class, arising out of or connected with this class, or continuances thereof.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Mail to Vesterheim Norwegian-American Museum, P.O. Box 379, Decorah, IA 52101, or fax to 563-382-8828.**