



## Program Registration Form

*Please print, complete, and mail form with your check to:*

Adkins Arboretum  
12610 Eveland Road  
Ridgely, MD 21601  
Attn: Program Registration

Name of Class: \_\_\_\_\_

Date of Class: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member: \_\_\_\_\_ Non-Member: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa or \_\_\_\_\_ MasterCard

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

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

Notes: \_\_\_\_\_