



Program Registration

Vermont Wilderness School

PO Box 2585

(802) 257-8570

Brattleboro, VT 05303

office@VermontWildernessSchool.org

www.VermontWildernessSchool.org

Application (Please print in ink)

Program Name(s): _____ Dates: _____

Cost \$ _____. Deposit: \$50/person enrolling. I will be applying for financial aid.

I downloaded your workshop welcome packet from your website. No need to mail me one.

Please mail me a welcome packet.

Office Use Only: Recorded in database Mailed Welcome Packet Initials: _____ Date: _____

Payment Method:

Cash

Check

If you registered through Vermont Wilderness School, make your check payable to Vermont Wilderness School. If you registered through your regional community coordinator, make your check payable to your local school and send it to them.

Visa

Mastercard Card # _____

Exp Date _____ Security Code ___ __ _

Name on Card _____

Please charge my balance to this credit card 5 days before the program starts.

Billing Address (if different from below): _____

Signature _____ Date _____

Office Deposit: cred card charged by (initial): _____ Date: _____ QB: Date: _____ Init: _____

Use only: Balance: cred card charged by (initial): _____ Date: _____ QB: Date: _____ Init: _____

Participant's Name

Date of Birth

Program Registering for: _____

1) _____ / ____ / ____ Adult Teen Youth/Child

2) _____ / ____ / ____ Adult Teen Youth/Child

3) _____ / ____ / ____ Adult Teen Youth/Child

4) _____ / ____ / ____ Adult Teen Youth/Child

One set of registration forms for the matching program needs to be filled out for each participant enrolling.

Name of Person Responsible for Payment _____

Home Address _____ Home Phone _____

Address (continued) _____

City _____ State _____ Zip _____

e-mail _____

Previous Vermont Wilderness School programs attended (Name and Year): _____

How did you learn about our Programs? Friend Newsletter Web Class Trip Other

Please Give Details on Above _____