

Summer 2024 Registration Form

Name(s) _____ Age(s) _____

Address: _____

City/State/Zipcode: _____

Telephone Number: _____

E-Mail Address: _____

Highest Level of Education Completed: _____

Are you a UST alumna/alumnus? _____ If yes, class year: _____

Profession (or what you did before retirement): _____

Write number of registrations in the first column & check the pricing tier for which you are registering.

Note: All classes are only available as an in-person experience.

# regs		Base Price	Tier 1	Tier 2
	Butterflies, Bees, Your Garden and Our Planet (\$50.00)			
	Addressing Fall Prevention in Older Adults Using a Holistic Exercise Approach: Programming for the Mind and Body (\$50.00)			

_____ Voluntary Donation: \$ _____

TOTAL ENCLOSED: \$ _____ (Please make checks payable to University of St. Thomas)

Completed forms and payment should be mailed to: Selim Center, MAIL OEC 109, University of St. Thomas, 2115 Summit Avenue, St. Paul, MN 55105 (please allow 7 business days for mail to reach us)