

LIFETIME LEARNING INSTITUTE OF AUSTIN
OFFICIAL CLASS REGISTRATION FORM Phone: 512-206-4232

ONE CARD PER PERSON, PLEASE.

PLEASE PRINT CLEARLY

Term/Yr _____ Are you a new LLI student? Please check: Yes _____ No _____

LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS -APT. NO.	CITY	ZIP
E-mail Address _____		Telephone No. _____

CLASS NO. **CLASS TITLE** **\$30.00 PER CLASS**

The information provided on this form will be entered into LLI's EventBrite registration system to allow EventBrite to email you confirmation of enrollment and to compile LLI student data.

Make check payable and mail to:
Lifetime Learning Institute
7703 N. Lamar, Suite 250
Austin, TX 78752

By signing below, I completely release and hold harmless Lifetime Learning Institute and each and every representative, officer, volunteer, site provider, and agent of each of these from liability or responsibility for any and all claims, damages, injuries, losses, illnesses, or causes of action that may result from or arise out of my participation in LLI activities.
Signature required for registration and waiver. Total \$ _____

SIGNATURE _____

For office use: Computer entry _____ Refund _____ Transfer _____