



Program Registration Form (one form per person please)	
Name	
Address	
City, State, Zip	
Daytime Phone #	
email address	
Name of Program/Class	
Date of Program/Class	
Location of Program/Class	
Cost of Class (member/nonmember)	\$
Name of Program/Class	
Date of Program/Class	
Location of Program/Class	
Cost of Class (member/nonmember)	\$
Name of Program/Class	
Date of Program/Class	
Location of Program/Class	
Cost of Class (member/nonmember)	\$
Name of Program/Class	
Date of Program/Class	
Location of Program/Class	
Cost of Class (member/nonmember)	\$
Name of Program/Class	
Date of Program/Class	
Location of Program/Class	
Cost of Class (member/nonmember)	\$

**Total of all Classes (enclose payment) \$** \_\_\_\_\_

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Charge to VISA or MASTERCARD

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: Beaver Creek Reserve  
 S1 County Road K  
 Fall Creek, WI 54742  
 715/877-2212  
[bcr@beavercreekreserve.org](http://bcr@beavercreekreserve.org)