

# Wild Edibles: Enhancing Food Security 2010 and 2011 Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1) Check the term(s) you would like to attend:

\_\_\_\_\_ **Summer/ Fall 2010:** August 8, September 12 and October 3, 2010.

\_\_\_\_\_ **Spring/Summer 2011:** May 8, June 5, July 10, 2011

\_\_\_\_\_ **Summer/Fall 2011:** Aug 21, Sept 18, Oct 16, 2011

2) Please write a short description of your experience (if any) with wild edibles and your goals for taking the program. (Use the backside of this form.)

3) Payment options – check one:

\_\_\_\_\_ Tuition is \$300 for each term. I am enclosing the \$50 non-refundable deposit for each term I am taking, and will pay the balance at the first class.

\_\_\_\_\_ I am committing to two terms and am using the Early Discounted Tuition option, which is \$575. I am enclosing the non-refundable deposit of \$100, (\$50 for each term), and will pay the balance, \$475, by one month before the start date of the first term.

\_\_\_\_\_ I have received a VSAC Grant of \$ \_\_\_\_\_. I am enclosing the \$50 deposit, which will be refunded if VSAC pays the entire tuition.

\_\_\_\_\_ I am using the Payment Plan of \$83.33 due at each class of each term. I am enclosing the \$50 non-refundable deposit. I understand that full payment of the tuition is expected regardless of attendance. If I am unable to attend class, I will mail my payment to the School.

I agree to the above terms of the Payment Plan. \_\_\_\_\_ (signature)

Please make checks payable to "Wisdom of the Herbs School".

Wisdom of the Herbs School  
802-456-8122 ~ 1005 County Rd. East Calais, Vermont 05650  
Website: [www.WisdomOfTheHerbsSchool.com](http://www.WisdomOfTheHerbsSchool.com)