



2019 Spring Term Registration – OLLI Central
April 1st thru May 24th
 OLLI CENTRAL, 2211 S. JOSEPHINE ST. DENVER 80208-8301
www.portfolio.du.edu/olli

*New to OLLI? _____ (check for “yes”) * = Required Field

*NAME _____

*ADDRESS _____ *CITY _____ *ZIP _____

*PHONE _____ *EMAIL _____

► *I would like to participate in a TOTAL of ___ classes ◀
 Classes listed over this total number will be considered alternate choices.

★ **For classes as Ruffatto (DU campus), please supply your license plate number for issuance of a parking pass: _____**

#	Class Name – Please list <u>in order of preference.</u>	Would You Be Class Assistant?	Day Of Week	AM PM	Location: PH, 1stUC, Ruffatto	ENROLLED (For Office Use Only)	
						Yes	No
1							
2							
3							
4							
5							

EXTRACURRICULAR OFFERINGS

#	EXTRACURRICULAR CLASS NAME	Costs	
1		Member \$ _____ Guest \$ _____	
2		Member \$ _____ Guest \$ _____	
3		Member \$ _____ Guest \$ _____	
		TOTAL AMOUNT FOR EXTRA-CURRICULAR CLASSES LISTED	\$ _____

**Please double check your form for accuracy as to
day of the week, time, and class location!**

Please make check payable to OLLI and mail with your registration requests to:

**OLLI
UNIVERSITY COLLEGE, UNIVERSITY OF DENVER
2211 South Josephine Street
Denver, Colorado 80208-8301**

***Please indicate on the envelope if the classes are for
Central, South, West, East, On-Campus, Boulder or Mixed***

PLEASE ENCLOSE YOUR \$130 TUITION CHECK PAYABLE TO OLLI. (The tuition includes your membership fee.) If you are also registering for Extracurricular class offerings, include a separate check for those fees as well.

Check(s) enclosed:

- _____ Tuition: \$130 per term, per person
- _____ OLLI EXTRACURRICULAR registration fees: Total for all classes requested.
- _____ OLLI Tax Deductible Donation, please enclose a separate check
- _____ Total Amount Enclosed

***For information and/or questions, contact:
Debbie Loftin at 303-871-3090 or debra.loftin@du.edu***

NOTICE

By registering, I understand and agree that the University of Denver, its Trustees, employees and agents have no legal responsibility for my physical welfare while a member of the Osher Lifelong Learning Institute at the University of Denver or during any program-sponsored trip or activity. By registering, I agree to hold harmless the University of Denver, its Trustees, employees and agents for any claims for personal injury or damage arising out of the member or guest association with the program. Additionally, I agree to authorize OLLI at DU to record and photograph my image and/or voice for use by OLLI at DU in education and promotional programs and material.

SIGNATURE REQUIRED: _____