



Registration Form

Name (if under 18, provide age and legal guardian's name)

Address

City, State, Zip Code


Home Phone

Work/Cell Phone

Email Address

*Minors may be required to provide parental consent prior to participating in a class.

Are you a: (Check all that apply)

- Edgerton Hospital and Care Center Employee and Household Member(s) 10%
- Edgerton Hospital and Care Center employees wellness related courses indicated by  (50% Discount)
- Edgerton Hospital Board, Foundation or Auxiliary Member (10%)
- Over 60 years old (10%)

Course Title(s)	Start Date	Time	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make checks payable to Edgerton Hospital

Or charge to: Mastercard Visa Discover American Express

Card Number

Exp. Date

Signature

Please return form with payment to: Edgerton Hospital, Community Education

313 Stoughton Road
Edgerton, WI 53534

Questions: (608) 884-1489