

NORWEGIAN-AMERICAN SETTLEMENT IN IL-MI-WI

ENROLLMENT FORM

___ (\$25) I want to enroll in the Saturday (16 week) course, beginning on Jan. 23

___ (\$25) I want to enroll in the Monday (16 week) course, beginning on Jan. 25

___ I understand that the virtual classes are recorded and give my consent to my image and voice being recorded as part of participating in the class.

___ (\$25) I want to take the class as "independent study"; email me info on how to do this

___ (+\$25) I am not a D5 Sons of Norway member and will pay the additional \$25 non-member fee

___ (\$99) I want to order the book/DVD collection (tax and shipping included; if ordered before Dec. 10, you will get them before Christmas)

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Email (required): _____

Phone: _____ Lodge: _____

Comments:

Mail this form plus a check to:

Nordic Legacy Foundation
5747 Sandy Ln.
Racine WI 53406

Questions: contact mikep@sonsofnorwayracine.com