

Registration Form

Print more registration forms at
www.lyngblomsten.org/2ndHalf.



A Center for Enriching Lives after 50

Please complete form and mail to:

2nd Half with Lyngblomsten—Registration
1415 Almond Avenue, St. Paul, MN 55108

Name _____

Phone (_____) _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Email _____

Emergency Contact _____

Phone (_____) _____

Age Under 55 yrs 55–69 yrs 70–84 yrs 85+ yrs

I would like to register for the following programs:

Program#	Program Name	Fee	Bus Site Pick-Up *
_____	_____	\$ _____	<input type="checkbox"/> _____
_____	_____	\$ _____	<input type="checkbox"/> _____
_____	_____	\$ _____	<input type="checkbox"/> _____
_____	_____	\$ _____	<input type="checkbox"/> _____
_____	_____	\$ _____	<input type="checkbox"/> _____
_____	_____	\$ _____	<input type="checkbox"/> _____

* Transportation fees are paid at the time of the bus service. Refer to program description for transportation availability and bus site pick-ups.

TOTAL PAYMENT ENCLOSED \$ _____

All payment for classes and trips are due at the time of registration unless otherwise noted. Please send cash or check (payable to “Lyngblomsten Services”).

By submitting this registration form, you confirm that you have read, understand, and agree to the 2nd Half with Lyngblomsten Registration Information & Policies as printed on page 4.

Please add my name to the 2nd Half with Lyngblomsten Catalog mailing list to receive catalogs quarterly. It's FREE!