

Registration Form

Print more registration forms or register online at [www.lyngblomsten.org/2ndHalf](http://www.lyngblomsten.org/2ndHalf).

Please complete form and mail to:

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



A Center for Enriching Lives after 50

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
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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 listed on our website ([www.lyngblomsten.org/2ndHalfPolicies](http://www.lyngblomsten.org/2ndHalfPolicies)).