



WMI WILDERNESS FIRST RESPONDER COURSE

Sponsored by Teton Science Schools (TSS) and the Wilderness Medicine Institute of NOLS (WMI)

REGISTRATION FORM

Please complete this registration form and send to: register@tetonscience.org or Teton Science Schools at 700 Coyote Canyon Rd, Jackson, WY 83001. Registration will not be confirmed until form and payment is received. For additional information, please call 307.734.3707.

DATES: August 8-17, 2016
COST: \$900.00 Tuition Only (includes lunches & snacks)
COST: \$1540.00 Tuition with meals and lodging
LOCATION: Kelly Campus of Teton Science Schools, Kelly, WY

Name _____ Gender _____
First Last

Date of Birth ____/____/____ Age _____ E-Mail Address _____

Mailing address _____
Street City State Zip

Preferred Phone _____ Mobile Home Work

Diet restrictions or food allergies? No Yes (please list/explain below) Note: TSS does not maintain a nut-free food environment.

I am enrolling for: **August 8-17, 2016 Non-residence \$900 (course with lunches)**
 August 8-17, 2016 In-residence \$1540 (with meals & lodging)

Deposit: \$300. Balance due 30 days before start. There are limited in-residence spaces available; must be 18+ years old. No car camping allowed at any time at Teton Science Schools. No pets, alcohol or weapons on campus.

You may pay by check or credit card; please enter info below. Amount you are paying: _____

MCard, Visa, Am Ex or Discover # _____ exp date: _____ code: _____

Name on credit card _____

Credit card billing address _____

Teton Science Schools employee? No Yes TSS program area (if applicable): _____

Please initial below:

_____ I have read and understand the attached information.
_____ I have enclosed the deposit of \$300 and understand that if I cancel and cannot be replaced from the wait-list, the full fee is non-refundable. If the space is filled, I will receive a refund less a \$50 processing fee. I further understand that if I cancel within 30 days of course start date, there is absolutely no refund of any money.

Signature or Typed Name of Participant: _____

Note: Your signature permits reasonable and proper use of any photograph taken of you or any written statement made by you during this program by Teton Science Schools and authorizes any credit card payments noted above.