



SUMMER 2020 MEMBERSHIP & CLASS REQUEST FORM

CLASSES HAVE DIFFERENT START DATES THROUGHOUT THE SEMESTER. PLEASE CONSULT THE CLASS SCHEDULE.

Please check the box(es) if the information is being updated since the last time you registered.

Name _____ Member ID # _____

Address _____ City _____ Zip _____

Email _____ Cell Phone _____

Male Female Are you retired? Yes No

OLLI shares most updates and information by email and on our website in order to conserve resources. If you do not have access to a computer or email account, please check here to receive the information by mail. []

Registration Opens May 21 @ 9am

Monday Classes

Climate Change	Manage Money During Pandemic
Cracker Barrel	OLLI USA!

Tuesday Classes

Do You Know Your Unique Core Values?	Lessons from the Black Death	Learn Tai Chi Basics
Get-To-Know Passages Speaker Series	SHOWTIME! w/ Chico Performances	Tuesday Tunes
Intro to Drawing on Paper	SMART Cycling	

Wednesday Classes

Bass Guitar Rhythms and Beats 101	Hidden Reality	Meditation: Summer with Eckhart Tolle
Demystifying the Spiritual Experience	I Didn't Know My iPhone Could Do That	Neurotransformational Learning

Thursday Classes

Armchair Visit: Butte Meadows	Great Decisions	OLLI Theater Club
Armchair Visit: Turtle Bay & Sundial Bridge	Medicare Rights & Protections	Practice Tai Chi Flow

Friday Classes


Armchair Traveler	Art on a Summer Morning
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Class Selections:

Please write in your class selections below AND circle them to the left.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

INFORMED CONSENT AGREEMENT: As a participant in the *Osher Lifelong Learning Institute at CSU, Chico*, I understand that risk of accident and injuries can arise out of participation in program activities and agree to release from liability and hold harmless the CSU, Chico Research Foundation, its programs, the Trustees of the California State University, and their officers and employees, from claims against them arising from injuries or property damage which might occur in connection with this activity. I certify that I am in good health and have the capacity to participate in programs of this nature. I give permission to be medically treated for illness or injury occurring during participation in the above activity, and certify that I am covered by medical insurance and/or willing to bear financial responsibility for any costs incurred in medical treatment. I also give permission for photos taken during OLLI classes or activities to be published.

* Signature (Required): _____ 

Register & Pay Fees Online at OLLI.CSUCHICO.EDU Beginning May 21 or Mail This Form & Payment to the OLLI Office (Address Below)

Summer fee is \$75. [] Check Enclosed, Payable to *Chico State Enterprises* or [] Charge My Credit Card:

VISA/MC Card # _____

Exp. _____ 3- or 4-Digit Code: _____

Have you already paid for summer? Not quite sure? Contact the OLLI office to confirm before paying so you don't pay twice.

- olli@csuchico.edu
- 530-898-6679