

Register for a Class!

Registrant Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Course Information:

Please complete one form per student. Enclose entire form with payment.

Course Name: _____

Check One: BNHV Member Non-BNHV Member

Additional Information: _____

Course Name: _____

Check One: BNHV Member Non-BNHV Member

Additional Information: _____

Total Amount Due: _____

Method of Payment

Check (payable to **Buffalo Niagara Heritage Village**)

Cash (**Drop off only**)

Credit Card (**Please circle one**)

Mastercard

Visa

Discover

American Express

Name of cardholder: _____

Card Number: _____

Expiration: _____ CVC code: _____ Signature: _____

Return this Form:

Drop Off or Mail to:

3755 Tonawanda Creek Road
Amherst, NY 14228

Email to:

Education Department
edu@bnhv.org