

Institute of Urban Homesteading  
Registration Form

Today's Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Please indicate the best way to reach you and/or if you cannot be reached quickly by email:

\_\_\_\_\_

List the name & date of the class(es) you are registering for. Indicate the amount you are paying on the sliding scale (see registration information for sliding scale information). You must pay in full to secure your place in the class.

Name of Class	Date of Class	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

PayPal fee (please add \$1.50 per class if you are paying through PayPal with a debit/credit card) \_\_\_\_\_

TOTAL ENCLOSED \_\_\_\_\_

Make checks payable to WFCA/IUH and mail with this form to  
K.Ruby/IUH 839 60th Street Oakland, CA 94608  
or email this form to [iuh@sparkybeegirl.com](mailto:iuh@sparkybeegirl.com)  
and send your tuition to [iuh@sparkybeegirl.com](mailto:iuh@sparkybeegirl.com) with PayPal.

You will receive a confirmation email from us within 3-5 days of receipt of your registration and tuition.