SCHOOL'S OUT! / CRAFT'S IN! Registration Form

		Title of Class		
			Date(s) of Class	
			24.5(5) 5. 5.455	
Child(ren)'s Name(s)		Age(s)		
Parent/Guardian's Name				
Address ı City ı State ı Zip				
E-mail		Phone		
Due to limited space, we require a cr cancellations must be made with a w will be charged a \$15 administrative, [] Visa [] MasterCard	eek's notice. Last-minu			
Card Number		Exp. Date	Security Code	
Billing Address (if different)				
Signature		Today's Date		
Member (household level or above):	[] No	[] Yes		
Fee per child:	\$45/day general	\$40/day members (household level or above)		
Number of children:				
Total Cost:				
[] I will bring cash or a check to Craft on the program date.	for the full amount pa	ayable to Museum o	of Contemporary	
[] Please charge my credit car	d the full amount on	the program date.		

Internal Use Only

Billing Code 430-03 Museum of Contemporary Craft