School's Out! Craft's In! Registration Form

		Session number(s)	
		Date(s) of Class	
Child(ren)'s Name(s)		Age(s)	
Participant's Name(s)			
Address ı City ı State ı Zip			
E-mail (This is where you will receive	your registration confirmation.)	Phone	
Member:	[] No	[]Yes	
Fee per participant:	\$45/day general	\$40/day members	
Number of participants:		·	
Total Cost:			
		e a seat for the class. Any cancellations must be for the full amount if cancellation is made within	
Card Number		Exp. Date	
Billing Address (if different)			
Card holder's signature		Today's Date	
Check one:			
[] I will bring a check for the f	full amount payable to Museum o	f Contemporary Craft on the program date.	
[] Please charge my credit ca	ard the full amount the week of th	e program date.	
Instructions: Once completed, please email to to address below, or deliver to muregistered. Workshop is filled on a	ıseum front desk "c/o Kendra". Yo	t Kendra@MuseumofContemporaryCraft.org, mail ou will receive an email confirmation once you are be sure to sign up early!	

Internal Use Only

Billing Code 430-03

Museum of Contemporary Craft