

Registration Form

Season/ Year _____

NAME _____
IF CHILD, CHILD'S AGE _____
IF CHILD, PARENT'S NAME _____
ADDRESS _____
PHONE DAY _____ PHONE NIGHT _____
PHONE EMERGENCY _____

Parents/Guardians: Sometimes the local news media want to photograph or film events in the Museum for public distribution.

Please check this box if you do **not want** your child photographed or filmed for this purpose.

CLASSES AND WORKSHOPS

& Title _____ Tuition _____
For Yoga, please specify the dates you want _____

& Title _____ Tuition _____

TOTAL _____

VACATION WEEK WORKSHOPS

Please use a separate form for each child.

Tuesday

_____ Tuition _____
_____ Tuition _____
Lunch Supervision \$3 _____

Wednesday

_____ Tuition _____
_____ Tuition _____
Lunch Supervision \$3 _____
Subtotal _____

****Sign up one child for both days, - 5.00
morning and afternoon (4 workshops)
and get a \$5 discount.****

TOTAL _____

BECOME A FAM MEMBER — JOIN TODAY FOR INSTANT SAVINGS!

MEMBER NON-MEMBER

NEW MEMBER

INDIVIDUAL (\$35 — ages 18+) FAMILY (\$50) \$ _____ CHECK # _____

TOTAL ENCLOSED \$ _____

VISA MASTERCARD 3-digit security code on the back _____ CARD # _____

EXP. DATE _____

SIGNATURE _____

Registration must be accompanied by payment in the form of cash, check, Visa or Mastercard. Checks should be made payable to the Fitchburg Art Museum. 25 Merriam Parkway, Fitchburg MA 01420.