

REGISTRATION FORM, WINTER 2012

NAME _____

IF CHILD, CHILD'S AGE _____

IF CHILD, PARENT'S NAME _____

ADDRESS _____

PHONE, DAY _____

PHONE, NIGHT _____

PHONE, EMERGENCY _____

E-MAIL _____

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.

If you wish to receive a class confirmation, please enclose a self-addressed, stamped envelope with this form. Registration must be accompanied by a registration form and payment in the form of cash, check, Visa or Mastercard. Checks should be made payable to Fitchburg Art Museum. Our mailing address is 25 Merriam Parkway, Fitchburg, MA 01420.

CLASSES AND WORKSHOPS

& Title _____ Tuition _____

& Title _____ Tuition _____

FEBRUARY VACATION WEEK WORKSHOPS

Please use a separate form for each child

Tuesday

Workshop Title _____ Tuition _____

Workshop Title _____ Tuition _____

Lunch Supervision \$3 _____

Wednesday

Workshop Title _____ Tuition _____

Workshop Title _____ Tuition _____

Lunch Supervision \$3 _____

Sub-total _____

\$5 discount (see conditions in program description) -5.00

TOTAL _____

(For additional Classes and Workshops, please attach another registration form)

MEMBER NON-MEMBER RENEWING MEMBER

TOTAL TUITION: \$ _____

NEW MEMBER: INDIVIDUAL (\$35) OR FAMILY (\$50) \$ _____

TOTAL ENCLOSED: \$ _____

CHECK # _____ VISA MASTERCARD

CARD # _____ EXP. DATE _____

SIGNATURE _____