

# REGISTRATION FORM

NAME \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CLASS(ES) \_\_\_\_\_

MUSEUM MEMBER (CIRCLE) Yes or No

FORM OF PAYMENT (CIRCLE) Check or Visa/Mastercard

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

Return this form along with payment to:  
Erie Art Museum, 411 State Street, Erie, PA 16501