

# REGISTRATION – STUHR MUSEUM SUMMER SCHOOL 2010!

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Museum Member Stuhr \_\_\_\_\_ Hastings \_\_\_\_\_ Neither \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Father's/Mother's Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Class Title \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Date of Class \_\_\_\_\_ Morning or Afternoon

MasterCard       Visa      Expiration Date: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Card # \_\_\_\_\_

How did you hear about our classes?

Word of Mouth     Membership Newsletter     School Leaflet     GI Independent Insert