

# REGISTRATION – STUHR MUSEUM SUMMER SCHOOL 2011!

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