



CLASS REGISTRATION FORM

THE MUSEUM OF AMERICAN HERITAGE INVENTION & TECHNOLOGY 1750 - 1950

CLASS _____ Date _____

FEE: Non-Member: \$ _____ Member: \$ _____

PARTICIPANT NAME _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Emergency Phone: () _____

Child's Age: _____ How did you hear about this class? _____

IF PARTICIPANT IS A MINOR

Parent/Gaurdian: _____

Email: _____

My child has my permission to attend this class. I hereby release the Museum of American Heritage and/or any of its agents from any liability resulting from participation in the above mentioned activity. I understand that I am responsible for providing transportation to and from class, that no supervision will be provided before or after class and that I should pick my child up on time. I give the Museum of American Heritage the right to reproduce my child's image and artwork created during the program for the purposes of program publicity or fundraising. I certify that my child is covered by my personal medical insurance policy.

REFUND POLICY

Students must cancel at least 96 hours (4 Days) before the start of the first class to receive a full refund, cancellations after this will not be refunded. I have read and agree to the aforementioned policies, terms and conditions.

PLEASE NOTE

Students younger than the posted minimum age requirement may participate at the discretion of the instructor. Students arriving late to classes may be refused participation at the discretion of the instructor. Students registering after the minimum class size is reached will be wait-listed and may be admitted at the discretion of the instructor if previously accepted students are not present at the start of the first class session.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____

PAYMENT INFORMATION:

CASH	CHECK - DATE/NO.	CC# - EXP DATE

MAIL FORM TO:
PO Box 1731
Palo Alto, California
94302-1731

p. 650.321.1004
f. 650.473.6950
w. moah.org

Open Friday - Sunday
11am to 4pm