



THE MUSEUM  
of AMERICAN  
HERITAGE

## 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/Guardian:** \_\_\_\_\_

**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 liability resulting from participation the aforementioned 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 up my child 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 the program publicity or fundraising. I certify that my child is covered by my personal medical insurance policy.

### REFUND POLICY

Student 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 registering after the minimal 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:** \_\_\_\_\_

**PAYMENT**

Check\*    Credit Card (VISA, Mastercard, American Express, Discover, JCB, UnionPay)

Name on CC: \_\_\_\_\_

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Make checks payable to MOAH

MOAH is a California non-profit corporation. Federal ID#: 77-0106732 State ID# 1280035

**MAIL CHECKS AND FORM TO:**

MOAH, PO Box 1731, Palo Alto, CA 94302-1731

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