



MASSILLON MUSEUM CLASS REGISTRATION FORM

ALL ITEMS MUST BE COMPLETED

RETURN FORM WITH PAYMENT TO:

MASSILLON MUSEUM, 121 LINCOLN WAY EAST, MASSILLON, OH 44646

Attn: Classes

EMAIL: haden@massillonmuseum.org SUBJECT LINE: Summer Class Registration

STUDENT TYPE (CIRCLE) ADULT CHILD TEEN MEMBER NON-MEMBER

CLASS TITLE _____

CLASS DATES _____ COST _____

PAYMENT TYPE (CIRCLE ONE) CASH CREDIT CHECK (NUMBER) _____

CREDIT CARD # _____ TYPE (CIRCLE ONE) VISA MC DISCOVER

EXP. DATE _____ CCV _____

STUDENT NAME _____ PARENT NAME (IF APPLICABLE) _____

BILLING ADDRESS _____

CITY _____ ZIP _____ PHONE _____

EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

For children's classes:

As the parent or caretaker of this child I understand that neither the Museum nor its staff are legally responsible in the event of a mishap, personal injury, damage or loss of property that may occur during classes.

For ALL classes:

Photographs taken during Museum classes may be used on the Massillon Museum's website or in other materials to promote its non-profit educational activities.

Please check one:

I give permission for my image/child's image to be used.

I do not give permission for my image/child's image to be used.

Printed Name _____ Signature _____ DATE _____

OFFICE USE ONLY

Staff or Volunteer who took this form _____ DATE _____

Received by Educator on DATE _____ Initials _____