

MARIETTA / COBB MUSEUM OF ART

REGISTRATION FORM

Please complete all information on this form for <u>each class</u> and mail to the Marietta/Cobb Museum of Art. You may photocopy this form or call the museum to request additional copies. Children under 18 must receive parental consent.

Student's Full Name:	Birthday:	
Mailing Address:		
(If Under 18)	Email:	
Mother's Name:	Home #:	Cell #:
Father's Name:	Home #:	Cell #:
Classes Requested (Please Fill In Class Information): Member Non-Member		
Class Title:	Date:	Cost:
Class Title:	Date:	Cost:
PLEASE RETURN REGISTRATION FORM WITH APPROPRIATE FEE. REGISTRATIONS ARE INCOMPLETE UNTIL WE RECEIVE ALL PAPERWORK AND FEES. CLASSES ARE FILLED ON FIRST COME, FIRST SERVED BASISMCMA WILL NOT "HOLD SPOTS." Payment Information:		
Member of Marietta/Cobb Muse	um of Art? Yes	No
Check number is enclosed in	the amount ofto	o cover the cost of Sessions.
MCMA is authorized to charge my Master Card or Visa (circle one) in the amount of to		
cover the cost of Sessions class. Card Number:		
Exp. Date: Authoriz	zed Signature:	
Remit form and payment to: Marietta/Cobb Museum of Art 30 Atlanta Street Marietta, GA 30060		

Please note that refunds will only be given if a student notifies the museum five (5) days before the class session begins. This refund will be minus a \$25.00 processing fee.