



MUSEUM OF FLORIDA ART

Art Class/Workshop Registration Form

Student Information:

Name: _____

Parent/Guardian Name: (If student is under the age of 18) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Please explain any medical problems, allergies, etc. that we should be aware of:

Class/Workshop Information:

Instructor: _____ Class/Workshop Title: _____

Start Date: _____ End Date: _____

____ Class ____ Workshop ____ Adult ____ Teen ____ Child

Payment:

Cost of Class: Member: _____ Non-member: _____ Materials fee: _____

Cash _____ Check # _____

Credit Card: Visa MC Credit Card # _____ + Security Code _____

Exp. Date _____

A written notice of withdrawal will be accepted up to one week before the start of the class/workshop, less a \$25.00 handling fee. There will be no refunds after that time.

Waiver: In case of an accident requiring medical treatment, I authorize to receive such treatment, as the attending personnel deem appropriate. I also agree not to hold The Museum of Florida Art, or persons acting on its behalf, responsible for injuries suffered by myself during activities sponsored by the Museum of Florida Art. In consideration of The Museum of Florida Art's acceptance of my enrollment, I hereby waive and release any or all rights and claims to damage against The Museum of Florida Art. I give permission to the Museum of Florida Art to use photographs, videotapes, film, and audiotapes and the art work and/or writings of my/child's participation for promotional purposes in published materials, in other works of art, and on the Museum website and Internet (World Wide Web). I understand that the non-refundable tuition is due in full with the completed application. I understand that the Museum administrators have the right to dismiss any student for any serious misbehavior and that I will not be entitled to a refund of tuition. **By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by the registrant.**

OFFICE USE ONLY

M _____ NM _____

CK _____

CC _____

OTHER _____

DATE _____

Initial _____

Signature: _____ Date: _____

Note: must be signed by parent or guardian if student is under 18

**Registration may be mailed to & checks made payable to: Museum of Florida Art
600 N. Woodland Blvd. DeLand, FL 32720-3447
For more information call (386) 734-4371 www.MuseumofFloridaArt.org**