

CRAFT AND
FOLK ART
MUSEUM

CLASS/WORKSHOP REGISTRATION FORM

Class/Workshop: A CABINET OF WONDERS: MUSEUM OF JT

Date of Class: Thursday, September 25

Time: 6:30 – approx. 9:00pm

Ages: ADULTS

Fee: \$15/\$10 CAFAM members

Location: 9341 Venice Blvd., Culver City, 90232

Participant Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Age (if minor): _____

Parent/Guardian (if minor): _____

Emergency Contact Information

Name: _____

Phone: _____ Relationship: _____

Parental Consent (for minors)

I give permission for my child to participate in the above-mentioned program at the Craft and Folk Art Museum. I understand that museum staff will supervise my child during the hours listed for the program and that I am responsible for my child at all other times.

Signed _____ Date _____

- Full Payment due at time of registration.
- Class/Workshop meets on designated day(s) and time(s). If a change in schedule occurs for any reason, you will be notified as soon as possible.
- **CLASS NEEDS A MINIMUM OF 15 PARTICIPANTS.** If class is cancelled by CAFAM for low enrollment or for any other reason, a full refund will be issued.
- Participant cancellations made prior to one week before the start of the program will result in a full refund of fees. Cancellations made the week before program starts will receive a 50% refund of fees. No refunds will be honored once a program begins.

I understand and agree to the terms stated above. I also acknowledge that by signing this form, I agree to the Craft and Folk Art Museum taking my photograph(s) for use in CAFAM's brochures, fliers, or other marketing materials.

Signed _____ Date _____

PAYMENT INFORMATION:

Date: _____ Amount: _____

Type of payment: CASH CHECK (ck#) CREDIT CARD: Visa AMEX MC