



_		hip Level or other level fees.	
Name			_Age/Grade
			(for children's classes only)
Parent/Guardian's Name_			
Class/Workshop			
Class/Workshop			
Home Address			
City/State/Zip			
Home#	Work#	Cell#_	
E-mail Address			
Total Class Fees/Memb	ership Fee (if applicable)	\$	_
☐ Check enclosed payab			
or Charge to: ☐ VISA	☐ MASTERCARD ☐ DI	SCOVER AMEX	
Card #		Exp. Date	Security Code

A confirmation letter will be sent upon receipt of class/workshop registration fee payment.

Mail Registration Form and Payment to:

Huntsville Museum of Art • 300 Church Street SW • Huntsville, AL 35801 Attn.: Museum Academy



 ${\bf Hunts ville\ Museum\ o} f {\bf Art}$

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