

Morris Museum

Studio Art Registration Form

Participant Name _____ Age (if minor) _____

Parent Name _____

Email _____ Phone _____

Address _____ City, State _____

Emergency Contact _____ Phone _____

Emergency Contact Relationship _____

Please make us aware of any special needs, allergies, etc:

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Class Date(s)	Course Title	Tuition Fees
		<i>Total \$:</i>

Are you a member of the Museum? Yes No

Annual Membership

Join Renew

Membership Category

- Individual \$50
- Seniors/Students \$45
- Dual \$65
- Family/Grandfamily \$75
- Friend \$175
- Partner \$350
- Advocate \$650
- Insider \$1,000

My check made payable to the Morris Museum is enclosed

Visa Mastercard Amex Discover

Card # _____ Exp. Date _____ CV Code _____

Signature _____ Date _____

Please return completed form via email to studioart@morrismuseum.org or by mail to:

Morris Museum
6 Normandy Heights Rd.
Morristown, NJ 07960
Attn: Studio Art