



Summer Art Workshop Registration Form

Participant Information

Participant's Name:		Participant's Age:
Parent or Guardian's Name(s):		
Address:		
City:	State:	Zip Code:
Contact Phone(s):		
Contact E-mail:		
Other Individuals Authorized for Pick-up:		
In Case of Emergency Call:	Phone Number(s):	Relation to Participant:

Session Selection

Session 1 – Color Me an Artist
July 10 – 13 2:00 pm – 4:00 pm

Session 2 – Artists around the World
July 17 – 20 2:00 pm – 4:00 pm

Early Bird Registration (Before May 31st):

- Member \$55
- Nonmember \$65

Early Bird Registration (Before May 31st):

- Member \$55
- Nonmember \$65

Regular Registration (After May 31st):

- Member \$65
- Nonmember \$75

Regular Registration (After May 31st):

- Member \$65
- Nonmember \$75

10% discount for siblings registered together

Total: _____



In order to assure our programs meet the needs of all participants, please check this box if the student has any needs of which we should be aware. _____

I have read, understand, and agree to the terms and conditions required for participation in this program. Neither the Haggin Museum, nor their representatives, nor any member of the above will be responsible for any injury, loss, or damage that may occur to the participant or the participant's property for any cause whatsoever. The participant, on signing the application, expressly releases the aforementioned from any and all claims for such, loss, damage or injury.

Signature: _____ Date: _____

Payment Method

Please complete one form per child you wish to enroll. Sessions are filled on a first-come, first-served basis. Registration forms can be submitted via e-mail, fax, mail, or dropped at the Haggin Museum Front Desk. Payment can be made by check or credit.

Payment Method: Check (Please Enclose) Credit (Please Fill Out Form Below)

Credit Card Information				
Card Type:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name: _____				
Card Number: _____				
Expiration Date (mm/yy): _____ / _____				
Billing Zip Code: _____				

I, _____, authorize the Haggin Museum to charge my credit card above for agreed upon purchases. I understand that my information will not be saved or stored after this purchase.

Cardholder's Signature: _____ Date: _____

Education Department
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