



Children's Museum of the Arts Group Visit Registration Information

Date: _____

1st choice _____ 2nd choice _____ 3rd choice _____

Time Preferences: (Rank 1st & 2nd choice)

10:00-11:30 _____ 11:15-12:45 _____

WORKSHOP CHOICE (Rank 1st choice, 2nd choice, and 3rd choice)

**Intro to Art:
Ages 3 to 5**

____ General Workshop

**Foundations in Art:
Ages 5 to 10**

____ Printmaking
____ Mixed Media
____ Painting & Drawing
____ Sculpture

**Advanced Workshops:
Ages 10 to 15**

____ Fine Art Workshop
____ Media Lab Workshop
____ Museum Education

GROUP INFORMATION

Students _____ # Adults _____ Age of Students _____

Any Special Needs? _____

CONTACT INFORMATION

Group Name: _____

Contact Person: _____

Address: _____

Work #: _____

Fax: _____

Cell #: _____

E-mail: _____

CIRCLE ONE:

1-20 kids, \$225 21-30 kids, \$275 31-40 kids, \$300

Total Amount Due: \$ _____

BILLING INFORMATION:

Credit Card Check DOE Order

(*Card information to hold reservation, please specify if this is also form of payment.)

Number

Name on Card _____
Expiration Date _____
SID Code

Payment: A credit card number is required to hold all reservations. This card will be charged in full the day of your scheduled visit, if an alternative payment has not been made.

Changes: Should you wish to change the date of your visit we will gladly reschedule for you if notified no less than 10 business days before the reserved date, subject to availability.

Cancellations & No Shows: Cancellations occurring less than 10 business days before the date of visit (including no-shows) will incur a charge to the credit card of 50% of the total reservation amount.

Office Use Only

Reservation made: Balance paid: Confirmation call:

Reservation sent: Refunded? Follow Up Sent:

